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ABSTRACT

In 1970, the Board of Directors at Planned Parenthood at Alameda-San Francisco in California recognized the need for broader sex education programs for young people by giving top priority to community education as well as to clinic services. One of the stated educational objectives became encouraging and assisting school districts to develop family life education and sex education programs. This implementation manual is designed to be used as a step-by-step guide for personnel interested in one or all of the components of the model. Chapter 1 gives the history and description of the project plus a summary of evaluations. Chapter 2 is on Developing Community Support. Chapter 3 is entitled Teacher In-service Training. Chapter 4 describes the parent-community program, and Chapter 5 describes the bilingual program. Each chapter includes a description of the component with a "script" that gives a step-by-step detail of the process for developing it. (Author/SPT)

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Project Teen Concern

An Implementation Manual for An Educational Program to Prevent Premature Parenthood and Venereal Disease

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
Bureau of Community Health Services
Rockville, Maryland 20852

PROJECT TEEN CONCERN

An Implementation Manual
for
An Educational Program
to Prevent
Premature Parenthood
and Venereal Disease

Developed under a contract from the
U.S. Department of Health, Education, and Welfare
Bureau of Community Health Services
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1976

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USE OF THE MANUAL

This implementation manual is designed to be used as a step by step guide for personnel interested in one or all of the components of the model.

Following are some comments to clarify for you how we see this being used:

- Chapter I gives the history and description of the project plus a summary of evaluations for all three years. Everyone should read this chapter first.

- Chapter II on Developing Community Support was requested in 1975-76 by all three school districts selected as field sites for testing the manual as the logical first step in a program. The workshop format included here has now been tested successfully in 12 separate workshops.

- The three other chapters have been reviewed by experts, but not tested this year at a site.

- Each chapter includes a description of the component with a "script" that gives a step-by-step detail of the process for developing it.

- Each chapter is followed by an appendix of materials, useful to that chapter.

- The manual is ring bound for easy access and zeroxing.

- Pages are numbered consecutively.

- Examples from Project Teen Concern are put in italics throughout.

- For those interested, the complete evaluation by the outside evaluator for Year I and Year II is available under separate cover by writing:

Education Department
Planned Parenthood/Alameda-San Francisco
1660 Bush Street
San Francisco, CA 94109

Chapter I

Background:

Project Teen Concern

BACKGROUND

For many years, it was hoped and believed that improved birth control technology would eliminate unwanted pregnancies. This has not happened. Family planning agencies which started as health service delivery agencies for women, but whose staffs gained competency in the area of sex education, have increasingly taken community leadership in urging broader and more relevant education for young people in decision-making about sexuality from parents, churches, and particularly schools. School districts across the nation also have, sometimes slowly and cautiously, but steadily, been moving into family life education programs in response to the alarming increase in teenage pregnancy and parenthood, and venereal disease.

In 1970, the Board of Directors at Planned Parenthood/Alameda-San Francisco in California recognized the need for broader programs for young people by giving top priority to community education as well as to clinic services. One of the stated educational objectives became encouraging and assisting school districts to develop family life education/sex education programs, rather than Planned Parenthood itself continuing to provide "band-aids" in the form of Planned Parenthood speakers in the classroom.

In July, 1972, a proposal entitled "An Educational Program to Prevent Infection and Conception -- EPIC," was drafted by the Education Director of Planned Parenthood/Alameda-San Francisco. It was written for the Oakland School District, where no family life education program existed (and which had high rates of VD and teenage pregnancy) and was funded by the Department of Health, Education and Welfare. This was the first school sex education program funded by the Office of Family Planning. The proposal as designed funded the development of an educational program to prevent VD and unwanted pregnancy by training teachers to run workshops for junior and senior high school students, and, at the same time, by offering workshops to parents which would enhance family communication in these areas. Although co-sponsored by the Alameda County Health Department, the District PTA Council, the Bay Area Venereal Disease Association and supported by the school administration and teachers, it was tabled by conservative members of the school board. In retrospect, what was lacking at that point was a strong indication of support from parents. Recognition of this need has strongly influenced the direction of the project since.

At that point the staff of the Department of Health and Family Life of the San Francisco Unified School District, recognizing an opportunity to develop and implement a program model in a critical and sensitive area of health behavior, offered to become involved in re-writing the original proposal. The rewrite was completed in August, 1972, and re-submitted with a revised budget to Health Services and Mental Health Administration, Department of Health, Education and Welfare. The revised proposal included a name change from "EPIC" to "Project Teen Concern: An Educational Program to Prevent Venereal Disease and Premature Parenthood." It was also

re-designed for junior high school students, teachers and parents, a more appropriate place for a preventative program and not conflicting with the 10th grade family life education program in operation. The contract, approved by the Department of Health, Education and Welfare, was originally funded for $136,000 from September, 1972, to June, 1974 (Contract #HSM 110-72-402) with Planned Parenthood/Alameda-San Francisco as the fiscal agent. Additional funding was received for a two year extension of the project to develop a bilingual component (1974-75) and for the development of a manual (1975-76). The original charge to the Project by the Department of Health, Education and Welfare was to develop a program which would not only meet the needs of adolescents in San Francisco, but could also serve as a model for other school districts.

COMMUNITY AND BOARD OF EDUCATION SUPPORT

Co-Sponsorship

Early in the planning phase of Project Teen Concern, the staff of the Department of Health and Family Life in the San Francisco Unified School District recognized the importance of a broad base of community support to ensure success for the Project. Confirmation of support from the following cooperating agencies was immediately solicited and received: Bay Area Venereal Disease Association; California State University, Hayward; Human Rights Commission of San Francisco; San Francisco Department of Public Health; and the San Francisco Medical Society. Planned Parenthood/Alameda-San Francisco joined this group as one of the cooperating agencies, with its Education staff offering consultation and participation as trainers.

Community Advisory Committee

To meet the need for on-going community involvement and support, a Community Advisory Committee to the Project was formed consisting of representatives from public and private agencies, as well as diverse cultural groups in San Francisco, all concerned with the problems of teenagers. The Committee convened for the first time even before approval of the Project by the San Francisco Board of Education, and met monthly for three years to guide the staff in planning and evaluating the program. Its advisory and helping functions were:

- Representing a broad spectrum of individuals and agencies
- Mobilizing support of concerned citizens in the community
- Transmitting information about training to the community
- Advising on policy matters, e.g., increased youth participation on the committee
- Reviewing training materials for all components of the Project; test instruments used; overall progress of the Project
- Responding to questions, problems, and needs as presented by the Project Director

This committee was invaluable to the Project as the forum where the questions and concerns from the community could be heard and answered. One example comes to mind. Early in the Project an attorney from United for Life visited the Project Director, threatening an injunction to stop the Project. The Advisory Committee interpreted the educational objectives and requested a representative from United for Life join the Committee. This woman became a hard-working, interested member of the Committee, reviewing all the materials and attending all the parent training sessions, after which she offered constructive criticism and support.

Active participation by members was encouraged in several ways. The Committee made the policy decisions, reviewed the training materials, and were asked to attend the training sessions and evaluate them. The chairman changed several times but always provided independent leadership. A core group of about ten members stayed with the Advisory Board for the entire three years, many of those from the co-sponsoring agencies. The Project Director also continuously revised the Committee, replacing those members not attending with persons suggested by the Committee. Interested former members were retained on the mailing list in order to spread community awareness. As the focus changed, i.e., the bilingual program the third year, increased representation from the Spanish-speaking and Chinese communities was solicited. Students and other community people were often invited to attend the monthly luncheon meetings, actively participated in special projects, and continuously enlarged the bridge to the community and School Board. A list of agencies represented is in Appendix A at the end of Chapter I.

Board Approval

A proposal for San Francisco Unified School District participation was presented with impressive community support to the Planning Committee of the Board of Education on October 16, 1972, and was approved unanimously by the Board the following week. Because this school district had developed a health education curriculum four years previously, the framework existed into which this program for junior high school students, their teachers and parents could be fitted. In order to increase acceptance within the school system, the proposal called for the Project Director to be a school district employee whose salary would be reimbursed to the District. The Project Director selected was an experienced Health and Family Life Education teacher in the San Francisco Unified School District, who had most recently served as Project Director for a federally-funded Elementary Drug Abuse Program in the the School District.

Staffing

The original Project called for a Project Director and secretary, with some provision for consultants as needed. In a school district the size of San Francisco, nineteen junior high schools with a population of seventeen thousand students, this was inadequate. Health education students from San Francisco State University contributed greatly by working as field workers

the first two years. In the second and third year of the Project, a social worker was added as administrative assistant and was responsible for much of the excellent community outreach. Also added in the third year were two half-time community aides, one Chinese-speaking man and one Spanish-speaking woman, who were invaluable in working with the parents and community agencies of the bilingual program.

IMPLEMENTATION

Objectives

The objectives of Project Teen Concern were to prepare:

- *teachers* to give classroom and small group instruction to boys and girls during the transition from childhood to physical and emotional maturity;
- *school counselors* to communicate effectively with sexually active youth and with others who want information and help in decision-making;
- *parents* to relate comfortably to their own children about human sexuality;
- *staff members at youth-oriented community agencies* to respond to young people who had concerns related to boy-girl relationships.

To achieve the above objectives, Project staff organized two types of training programs:

(1) A 16-hour training program for certificated personnel (four consecutive Saturday mornings)
(2) A 12-hour training program for adults in the community (four consecutive Wednesday evenings)

There were five certificated cycles and five community cycles, which occurred at regular intervals from February, 1973, through May, 1974. Participants who successfully completed the training cycles were eligible for a small stipend; in addition, certificated personnel had the option of receiving either in-service or university credit (they paid a small fee for the latter).

The training programs were conducted by professionals in education, medicine, psychology, nursing, and social work. While the program included a thorough presentation of factual information about VD, contraception, and adolescent development, emphasis was placed on values clarification, decision making, and communication skills. The program reflected the philosophy that to make responsible decisions about human sexuality, youth must be given the opportunity to discover and examine their values thoughtfully, a process which requires effective communication among all age groups.

TRAINING PROGRAM: CERTIFICATED PERSONNEL

Recruitment

Participation in the training program was voluntary, as was the commitment to implement a student program at the end of the training. Initially, only junior high school teachers were invited to attend the program, with the rationale that their students would benefit the most from a preventative program because increasing numbers of pregnant students, at ever younger ages, had been enrolling in the school district's program for pregnant girls. To recruit participants, Project staff announced the program in the District Newsletter and sent a brochure about the Project to every junior high school teacher in the District. In addition, the Project Director visited each of the nineteen junior high schools between November, 1972, and February, 1973, when the first training cycle began. The personal contact was essential in mobilizing interest in the Project and providing an adequate explanation of the program to key certificated personnel. Response was positive; the first training cycle included participants from all but two junior high schools. In view of the interest of elementary and high school teachers in the program, Project staff eventually invited certificated personnel at grade levels K-12 to attend the final cycle. By May, 1974, a total of 163 certificated personnel had completed the training program: 109 junior high, six senior high, thirty-three elementary, and fifteen from various special programs in the District.

Model Development

An important aspect of the Project was the formative evaluation of sessions through participant and staff evaluation. Although the basic content of the five training cycles remained the same -- values clarification, information about VD, contraception and adolescence -- the format underwent significant changes. Modifications were made on the basis of feedback from participants, impressions of staff, and information from a team of independent professional evaluators. A total of three different training models were implemented (for models see Appendix A, B, C, Chapter III).

While the final model was considered the one most appropriate for the San Francisco Unified School District, all of the models were effective in meeting Project goals. The first model was traditional in design; though some sessions focused on small group interaction, lecture format predominated. This format would be most effective in school district where the sensitive area of human sexuality is new in the curriculum and therefore unfamiliar to the staff, students, and community. The second model encouraged introspection on the part of participants through small group interaction. Though its affective focus proved uncomfortable for the District personnel, the design would be well-suited for teachers who have already had substantial experience with group process. The third and final model, which was most successful in meeting the needs of the District, achieved an effective balance between

affective and cognitive learning. Important features of this model are:

- "Information Processing" -- an innovative approach to cognitive learning. A continuous cycle of input and feedback eliminates the passivity which so often typifies the learning process. Teachers found the technique useful in their own learning, and immediately recognized its potential for use in their classrooms.

- Skill building in leading group discussion and handling problem situations.

- Increasing support to teachers for conducting sex education programs in the schools by helping them plan how they would use the Project training in their work.

Chapter III will detail the process for developing the teacher in-service model.

TRAINING PROGRAM: PARENT AND COMMUNITY

Recruitment

A total of 130 people attended community cycles of Project Teen Concern; participants included parents of teenagers and pre-teenagers, staff members at youth-oriented agencies, and school para-professionals. The task of getting information about the Project to the community was difficult in a large urban area and time-consuming. Project staff were aided in their recruitment efforts by San Francisco State University Health Education students who had chosen Project Teen Concern as their field-work assignment. Various publicity methods were used: posters were distributed to neighborhood locations, radio and television spots were taped, and information was mailed to community groups in an effort to make the community aware of the existence of the Project, as well as to encourage adult participation. The most effective method of motivating individuals to enroll in a training program was through personal contact; by visiting nursery school parent meetings, PTA groups, youth agencies and volunteer organizations. Taking the time to explain the Project and answer questions, Project staff and field-work students had the chance to give adults a much better understanding of the program.

The professionals who conducted the community training were chosen not only for their experience and reputation, but also for their ability to communicate well with participants who began the training sessions with diverse backgrounds and varying levels of sophistication and experience in the areas of VD and pregnancy prevention. Both the content and format of the community training program remained essentially unchanged throughout the five cycles, and is detailed in Chapter IV. Small group interaction

predominated in the sessions on values clarification and communication skills. Though the presentation of cognitive information on VD, contraception, and adolescence necessitated some lecturing, training session leaders always encouraged discussion and questions, and made use of information processing (see Appendix N, Chapter III).

THIRD YEAR OF THE PROJECT

Bilingual Component

After implementation and evaluation of the first two years of Project Teen Concern, it became clear that there was a challenge to continue a new and innovative component involving further community participation, and to develop and extend the program to a special group of young people who have been inadequately served in the area of health education. This group consists of those students who do not have English as their primary language, a large group in the San Francisco schools. The major focus in the third year was the development of a health education program for non-english speaking students and their parents.

The bilingual health course was conducted at three junior high schools in San Francisco. Course content included information about dental health, nutrition, drug use and abuse, and mental health, in addition to prevention of VD and too early pregnancy. The five Spanish bilingual teachers and one Chinese bilingual teacher participating in the program selected bilingual materials, both written and audio-visual, appropriate for classroom use. Before the course began, an orientation and social meeting for parents of the participating students was held at each of the schools. A health education training program was arranged by Project staff and conducted for parents on topics they had requested at the orientation meeting. See Chapter V for the details on developing the bilingual program.

Advanced Community Workshop Component

A 12-hour workshop focusing on communication skills, conflict resolution, and building self esteem especially with children was offered in Spring, 1975, to community members who had participated in the basic Project Teen Concern community training program.

Advanced Teacher Workshop Component

Teachers requesting advanced training identified the area of values clarification as top priority. A one-day Saturday workshop was held which emphasized ways of integrating values clarification into ongoing curriculum.

Sex Education Seminar Component

In order to expose the Project Teen Concern model to more school districts, a three-day experiential seminar and workshop was offered to five California school districts. A School Board member, a curriculum specialist, and a teacher from each district attended as a team. The evaluation was extremely positive and follow up evaluation has shown that the workshop provided an impetus to develop family life education in those districts.

CONSULTATION

The Project has also offered consultative services to other school districts and groups such as family planning agencies in Region IX, DHEW that expressed interest in implementing a sex education program in their community; one-day consultative workshops were held in Las Vegas, Neveda; Prescott, Arizona; Reno, Neveda; Honolulu, Hawaii; and Irvine, California.

A process was developed for these consultative workshops that brought together the diverse elements in a community to look at the health education needs for teenagers, and to consider solutions. For example, partly as a result of a workshop in Las Vegas, organized and facilitated by Project staff at the request of the Clark County Nevada Health Department, a Task Force of the State Board of Education has been created to coordinate efforts to implement a comprehensive health education program in the Nevada schools. The experience from these workshops and from the field tests of the manual in three school districts in California has been utilized in Chapter II that follows. The Project staff experienced some exciting learning and the increased conviction that a community workshop may be an important first step in initiating a program.

EVALUATION: YEAR I AND II

Methods of Evaluation

Independent professional evaluation of the Project was carried out by Nomos Institute in Berkeley, California, for the first two years of the Project. The purposes of the evaluation of Project Teen Concern were (1) to assess the impact of the Project on the knowledge and attitudes of those participating in the Project, (2) to assess the impact of the Project on the community in terms of the incidence of venereal disease and premature pregnancy among teenagers, the delivery of counseling services, and the use of health facilities serving minors, and (3) to document the development of curriculum materials, the development of teaching skills, and the involvement of agencies and persons in the community.

The assessment of the Project's impact on participants' knowledge and attitudes was accomplished through comparison of pre- and post-instruction scores on measures of knowledge and attitudes for three types of participants: certificated personnel, parents and community persons, and students. At the beginning and end of each training session, information measures and attitude measures were administered to the participants (with the exception of students, who were not administered attitude measures because of school restrictions). Completed measures were immediately sent to the evaluating agency, which quickly summarized the results and returned them to the Project Director. The Project Teen Concern staff used the results to revise the content and structure of training, and the evaluators used the results as a basis for improving the instruments. Interviews with teachers and students who had participanted in the Project were also used in assessing the Project's impact on knowledge and attitudes.

The assessment of the Project's impact on the community was accomplished through collection and compilation of statistical data from various agencies serving the target population. Interviews with teachers were also used in assessing the Project's impact on the community.

Curriculum and teaching skills development were documented in a Curriculum Development Archive, an annotated collection of all materials selected for instructional and evaluative use. A Master Log, a chronological record of the major decisions, events, and meetings of the Project, was kept to document the development of training models and community involvement. These two documents contained information pertaining to the format of Project Teen Concern training for the three kinds of participants.

The Director of Project Teen Concern also made an attempt to keep a running account of the Project's impact on school and community agencies. Although it is very difficult to document small institutional changes, the Project Director kept files of all correspondence relevant to the Project's administrative relations with the central office of the San Francisco Unified School District and other public agencies. Correspondence which provided information on the reactions of teachers or community groups to the Project was collected by the Project Director. A file of relevant newspaper clippings was also maintained.

Results

Results of questionnaires administered to participants in the certificated training cycles, as well as personal interviews with both teachers and students, indicate that classroom presentations based on Project Teen Concern techniques and materials were useful and well-received by students. Both the community and certificated training programs were evaluated enthusiastically by participants, who, by their own choice, became active in recruiting applicants for subsequent training cycles. Requests for advanced or follow-up workshops were received from many participants in both training programs.

Most of the certificated participants have used the training in their classrooms, either teaching discrete units on VD and pregnancy prevention or integrating information about human sexuality into the curriculum where appropriate. A few teachers conducted small after school groups for students; particularly successful was a small Spanish bilingual group (reported in the San Francisco Examiner, October 14, 1974, page 4) led by a junior high school Assistant Principal.

Some of the after-school groups were designed to train students to act as information and referral resource people to their peers. Since young people receive much of their knowledge about sexuality from peers, it was felt that a core of informed, well-trained students working under adult supervision could be useful in conveying information about VD and pregnancy prevention to fellow students. This small group student involvement component of the program was less successful. Few teachers were willing to lead after-school groups to train and supervise the students, despite the inducement of extended-day pay. Few students were willing to attend an after-school training program; though offered monetary incentives, those students who completed the training had difficulty maintaining interest and commitment without constant teacher reinforcement, which over-burdened teachers were often unable to provide. The conclusion from this attempt to initiate this component of the program is not that students do not or cannot learn from their peers, but only that a formal program with adequate adult supervision at the junior high school level is very difficult to implement.

The most difficult part of evaluation is demonstrating statistical behavior changes as a result of an educational program. It is premature to evaluate conclusively the effects of Project Teen Concern on VD and teenage pregnancy statistics; there is, however, some preliminary evidence that the program has helped reduce VD among teenagers. A report in the City and County of San Francisco Department of Public Health Weekly Bulletin of April 14, 1975, indicates a changing pattern in age-specific rates of VD:

> "The 53% and 21% decrease in the 15-19 and 20-24 year age groups respectively, from the highest rates subsequent to 1968 is of major significance, particularly if we consider the nearly doubling of the rate in persons 25 years and over. We attribute much of this decline as a measure of success of the venereal disease education program in San Francisco's public and parochial schools."

It is important to mention that Project Teen Concern is not the only program in San Francisco aimed at preventing VD; the Human Rights Commission of San Francisco developed a senior high school peer counseling VD prevention program which has been in operation since 1972; in addition, the District's Department of Health and Family Life Education, since its creation in 1968, as been concerned about both VD and premature parenthood.

Project Teen Concern leaves a core of 163 trained San Francisco Unified School District personnel, who will continue their efforts to communicate effectively with both students and their colleagues about VD and too early parenthood. The need for well-trained teachers and on-going in-service in this difficult area remains a major problem for most school districts wishing to initiate health/sex education programs. Staff, in retrospect, would have asked a stronger commitment from certificated personnel to utilize the training provided, although in this sensitive area of education there needs to be room for teachers to "select themselves out." The continuance of the program remains voluntary with inter-school transfers sometimes breaking up creative team teaching. The less tangible effects on attitudes of teachers both in teaching and in counseling students hopefully remain. With enough teachers receiving this kind of affective learning it may gradually become a norm in a district contributing to change in the overall climate.

In addition to teacher training, in the first two years, 130 people attended the community cycle of the program, including parents of all ages, to receive information and develop communication and decision-making skills about sexuality. Particularly rewarding and successful were these parent/community workshops which informed parents at the same time as young people, and increased community support and understanding for the program. As a result, there is an enlarged number of San Francisco community members who are sensitive to these critical health problems and capable of helping adolescents make responsible decisions about human sexuality.

Finally, the Community Advisory Committee brought together some of those members of the San Francisco community concerned about the problems of teenagers with the school district so that they could assist each other and cooperate to the benefit of the entire community.

EVALUATION: YEAR III

The Bilingual Component

Six bilingual teachers from the Bilingual Program of the San Francisco Unified School District completed the Project Teen Concern training in fall and summer. They in turn selected health education materials and conducted workshops at three junior high schools in San Francisco for both parents and students. 96 students participated along with 40 parents. Spanish and Chinese were the two languages included.

The evaluation was completed by the Project Director, utilizing the same format as for Years I and II. Methods of evaluation included (1) maintenance of an on-going log and collection of all audio-visual and curriculum materials, (2) a comparison of pre-instruction and post-instruction scores and measures of information for bilingual students, and (3) analysis of evaluations completed by participants of all workshops and by teachers involved in the bilingual program. The conslusion that can be derived from this data is that

bilingual teachers trained by Project Teen Concern do indeed have a positive effect on their students notwithstanding individual students' learning ability.

The teacher and parent evaluations for the Spanish bilingual program were enthusiastic. Many Spanish parents commented on feeling more comfortable about discussing sex with their children. The Chinese program was less successful (refer to Chapter IV). For the teachers, this was the first health education for this group of non-English speaking students. Plans are to continue these units, with funding recently received by the bi-lingual program, so this is a legacy of the Project. It is also hoped this model and materials may be useful to other school districts with bilingual programs.

Advanced Workshops

Participants evaluations from the Advanced Teacher and Advanced Parent workshops showed that they were very well received. The Sex Education Seminar for school district personnel in California received excellent evaluations also, with strong indications that this format was extremely successful in encouraging districts to move ahead with programs.

The complete evaluations for all three years are available separately on request from the Planned Parenthood/Alameda-San Francisco Education Department.

SUMMARY

An interesting model for involving the community and school in a health/sex education program was developed. The San Francisco Unified School District is left with a core of 170 trained teachers, including the bilingual teachers, to continue the program. In addition, the implementation of the model in other areas of Region IX DHEW commenced in the third year of the project. Training formats suitable for approaching many aspects of health/sex education were developed that have relevance for other communities. What follows in the next chapters will be a detailed explanation of the planning and delivery of the training components.

COMMUNITY ADVISORY COMMITTEE
OF
PROJECT TEEN CONCERN

Representatives From These San Francisco Agencies Served
January, 1973 - June, 1975

- A. P. Giannini Junior High School
  Girls Physical Education Dept.
  Counseling Department
- California Congress of Parents and Teachers
  District # 2
- Children's Hospital
  Department of Pediatrics
- City and County of San Francisco
  Department of Public Health
  District Health Center #4
  District Health Center #5
- City College of San Francisco
- Chinatown-North Beach Family Planning Services, Inc.
- Comprehensive Health Planning Council
- Family Service Agency
- Florence Crittenton Services
- Department of Health, Education and Welfare, Region IX
  Family Planning Services
- Human Rights Commission
- Hunter's Point-Bayview Community Health Services
- James Lick Junior High School
- John Hale Medical Society Auxiliary
- Mission Child Care Consortium
- Mission Education Center
- Mission Mental Health Center
- Mission Model Cities Child Care
- Mission Neighborhood Health Center
- Mount Zion Hospital
  Pediatric Project
- Planned Parenthood/Alameda-San Francisco
- SPEAK (Sunset-Parkside Education and Action Committee)
- San Francisco City (V.D.) Clinic
- San Francisco Girls Club
- San Francisco Medical Society
- San Francisco State University
  Health Education Department
- San Francisco Unified School District
  Health and Family Life Department
  Pupil Personnel Services

COMMUNITY ADVISORY COMMITTEE
OF
PROJECT TEEN CONCERN

(continued)

- San Francisco Unified School District
  Social Work Services
  Special Services Center

- St. Luke's Hospital
  Family Planning Clinic
  Public Relations Department

- United for Life

- University of California
  Human Sexuality Program
  School of Nursing
    Maternal and Child Health Program

- Urban School

Chapter II

Developing Community Support

Developing Community Support

INTRODUCTION

There is probably no aspect of school programs more tinged with controversy than that labeled "sex education." Those working in this area are all too familiar with past history in their own community, and with the many school districts which have at some time experienced problems with a small number of highly vocal parents protesting any education in this area for their children. For these reasons it is very important for school superintendents and school boards to know that they have the majority of parents and community behind a program being initiated. It is also important for the teacher or nurse working in this area to feel the support of school district personnel and of the parents within that district.

The ideal program to most educators is one that recognizes health education as an important part of the curriculum from kindergarten to high school. Within that health education curriculum, family life education concepts are presented at the appropriate level for the child. Thus education about sexuality is integrated with the whole of health education, and not singled out as being separate from all else. More and more school districts are moving in this direction. If your district has adopted a health education framework, you have a place where sex education properly fits. If you do not, you may want to give consideration to working for School Board adoption of a health education framework as a first step. In California, there is a State framework on Health Education which districts can adopt. One of the reasons Project Teen Concern was easily adaptable in the San Francisco Schools was that a health education curriculum had been developed and implemented in many schools.

It is our belief that a school-based family life education program in no way takes away the role and the responsibilities of parents and churches in the education of their young people about this important area of human relations, but instead complements them. (See chart on page 16). Many parents are comfortable and open with their children as questions arise. There are also many parents who lack knowledge and skill in communicating about sexuality with their youngsters but are open to learning. Our experience has led us to believe that when parents understand the problems and are involved in planning the curriculum, the majority will support the need for such an educational program. A minority may dissent, and, of course, their right to have their child not participate should be respected.

This chapter, then, is devoted to consideration of ways school personnel and/or community agencies can insure involvement and develop support for a school health/sex education program. It is based on the conviction that parents and community by a large majority will support a program when they are given an opportunity to understand the problems in their community and have some real input into solutions. Without seeking

this support, a school administration or a school board leaves itself vulnerable to the attack of the small vocal minority which is always there. While the right of a small minority to dissent is acknowledged, they do not have the right to deprive the majority of young people of information in this important area. An involved and informed parent/community becomes a supportive base for the school.

THE HOME, THE SCHOOL, AND THE COMMUNITY EACH HAVE RESPONSIBILITY FOR ATTITUDES, KNOWLEDGE AND BEHAVIOR OF YOUNG PEOPLE AND SHOULD WORK TOGETHER TO FACILITATE LEARNING.

	ATTITUDES	*KNOWLEDGE*	*BEHAVIOR*
HOME	Parents should provide moral and religious guidance and instruction according to their beliefs.	Parents need adequate information themselves to be able to talk to their children.	Parents must provide role and behavior models if children are to learn.
SCHOOL	Schools cannot teach a single set of standards as the only one acceptable, but can teach a decision-making process.	Schools can provide factual information about sexual development, functioning, etc.	Schools can define alternative behaviors and present factual information about positive and negative consequences of each alternative.
COMMUNITY	Self-help resources must be available; services, counseling, etc., if education is to be valid.	Community must be aware of needs of young people for sex education, services, counseling and referral.	Community environment must be one of acceptance and helpfulness if services are to be useful.

IN THE BEGINNING

Whether you are a nurse, health educator in a family planning program, a teacher or administrator in a school district, or a school board member, if you want to have a health/sex education component in your schools, a number of steps are necessary for a successful program. Most of the early process involves building community support and understanding for the program you have in mind. Keep in mind the uniqueness of your

situation as you read, for we are very aware that an urban school setting is very different from a rural school setting and requires different considerations in planning. Following in this section are steps Project Teen Concern took, many of them concurrently, so that they do not necessarily suggest the order in which you might want to proceed. Hopefully you will be clarifying your own objectives as you go on in this chapter. Those objectives will help you define your plan for building support. There are many ways to get there.

This chapter ends with a carefully evolved format for a community workshop which can be adapted to your needs. A number of workshops using this format have been conducted successfully in Region IX DHEW in 1974-1976, where Project Teen Concern staff was asked to help other communities get started. We have seen it work, and believe in the process. We hope many of you will try it.

To Start: Know your community and its resources

You may or may not live in a community in a "crisis" about teenage pregnancies and venereal disease rates. We believe young people have the right and need for health information whether there is a crisis or not. However, today many urban areas do face multi-health crises, and many rural areas are considering how better to prepare their students for difficult decisions ahead. In any case you will want to:

A. Acquaint yourself with community resources for young people:

-family planning services
-VD treatment services
-counseling services
-referral services
-State and local health department services
-youth agencies
-school services

B. Know your schools and understand how school districts operate. Find out what is being taught at all grade levels in family life education. You should be able to answer all the questions on the School Questionnaire (see Appendix A, Chapter II) before you plan any program. In addition, you will want to assess the level of commitment of each School Board member and where the real decision-making power is in the district.

C. If applicable, gather all the pertinent statistics in your community:

-number of teenagers served for family planning
-number of girls leaving school because of pregnancy and in special school programs for pregnant girls
-number of teenage abortions
-VD rate
-State Health statistics on teenagers

Step 2: Designing a Plan

Analyze carefully the data gathered and clarify long range program goals in terms of your school district. No relevant planning can take place until you and those working with you are clear about overall objectives.

For instance: is your goal a comprehensive K-12 health education curriculum, or to design a program for junior high school students, or to increase parent support for an existing family life education program, or to increase coordination between community services and resources and school needs? Whatever your objectives, your plan should start with considering some ways to involve other school/community persons. Some of these may require School Board approval, some may be done with administration approval. Your option may be different if you are in a health department which is encouraging the schools to start a program. But in any case you need to encourage community/school understanding of the health needs of young people as a beginning.

Option 1:

The appointment of a Community Advisory Committee to act in an advisory capacity to the development and implementation of a program. This committee is on-going.

Depending on the school situation, this committee may be initiated in different ways.

1. In a small or rural school district, it might be appointed by the School Board itself. (This could be true for a larger district also.)
2. It may be developed by the curriculum specialist, or the Director of Health Education in a larger district.
3. Impetus could come from concerned citizens or health agencies, or parent groups.
4. The committee may result from a community workshop such as suggested later in Chapter II, and may continue to take the lead in working for a program.

In all cases it should:

-Be broadly representative of your particular community.
-Review the suggested program and advise on policy matters.
-Reflect the community concerns to the school district and board.
-Mobilize support for the proposed program in the community.

In Project Teen Concern, a Community Advisory Committee was formed immediately, to help with the program decisions.

Option 2:

A curriculum committee of teachers could be asked to develop the curriculum if your district is ready to go and has support at all levels. In any case, a Community Advisory Committee with good representation of parents is recommended also to review curriculum for the Board.

Criteria for proceeding with the curriculum design might include:

-Assessment of previous community readiness, through past experience with school/agency cooperation
-Indications of strong school support from teachers and administrators
-Problems at a crisis stage in a school district with teenagers
-School Board support
-Adequate staffing and resources

Option 3:

A Community workshop to build support is a strongly recommended option whether you are just beginning to think of a program or whether you have one that is about to be implemented. However, much preliminary work needs to be done with a smaller committee before you start planning this. See the format that follows on pages 24-25.

Criteria for selecting this option might include:

-The need to inform the larger community of teenage problems
-A need to assess the amount of support in parents, community agencies and schools for a program
-A wish to involve the community in the planning from the beginning in order to build commitment

Other options: May include working through a school health council (if you have one) or a teen council of concerned community agencies (if you have one), or offering a small workshop on problems of adolescence, etc.

Step 3: Be Sure to Obtain Your Own Agency Support

Your own agency will need to approve this new direction. If you are a teacher, your principal and others need to be with you. Seek school district support from both administrators and teachers. In a large district this can take considerable time but it is important to work through appropriate school committees and staff. Plan your presentation carefully at every step.

In Project Teen Concern, the Health and Family Life Education Department in the San Francisco Unified School District worked with appropriate administrative personnel within the school district towards placing a resolution of cooperation before the School Board. The project received approval of the School Health Committee prior to presentation to the School Board.

Step 4: Seek support from Parents

Even with a community advisory committee, at every point where your health program is being developed you will want to let parents know about it. It cannot be stressed enough that broad parental awareness and support is essential to success. The PTA can often be helpful as the National Congress of Parents and Teachers has a strong family life education support stand. If you do not have a PTA or your PTA is not representative, you need to think of other ways to approach parents. Many schools today have active parents' clubs. Forming a council of parent representatives from each school in a district could be a way of informing parents about health/sex education needs. Special programs can be planned for each school. A survey designed to ascertain parental support for various components of a program can be useful too.

Step 5: Involving Other Youth-Serving and Health Agencies

You will want to use all the resources and supports available. Broad cooperation with a health/sex education program in the schools by several agencies is an important demonstration of community support. However, if you are in a rural or smaller community you may have few resources. Assess what you do have and what those resources can contribute

to your program. Most communities at least have a county health department and a county schools office.

For Project Teen Concern, a Community Advisory Committee was formed representing all the major San Francisco programs serving teenagers and the ethnic and cultural diversity of San Francisco.

In Project Teen Concern, broad co-sponsorship was sought from other concerned agencies. Personal presentations were made and letters secured for the Board presentation from:

- *San Francisco Health Department, both the VD and Family Planning Departments*
- *The Bay Area Venereal Disease Association*
- *The Human Rights Commission, which had a federally funded VD project to train high school students as peer educators*
- *Congress of Parents and Teachers which had long supported family life education*
- *The Education Committee of the San Francisco Medical Society*
- *California State University, Hayward, where the credit for in-service was offered*
- *Planned Parenthood/Alameda-San Francisco; although Planned Parenthood had initiated the project and was the fiscal agent, the agency became just one of the cooperating agencies and thus more acceptable to the Board*

Step 6: Securing Formal School Board Approval

At some point in this process, your project will need to come before the School Board for approval. Before approval is requested, be sure that Board Members have an opportunity to be clear about the goals of the program, methods and procedures to be used, and the high level of community support available. Representatives of sponsoring groups should be present at the appropriate School Board meeting to answer questions as they may arise.

All these steps were part of the documentation to the School Board resolution in Project Teen Concern

Step 7: Implementing the Program

You are ready to start, perhaps with the community workshop that follows.

A COMMUNITY WORKSHOP

This type of workshop was briefly referred to in Step 2, Option Three, page 19 with some criteria for selecting this approach to building community support. At this point, review the objectives below to clarify for yourself that they meet your needs. They were the objectives that Project staff worked with in a number of consultation workshops.

OBJECTIVES FOR A COMMUNITY WORKSHOP

1. *To understand the needs in your schools and community that a health/sex education program could help meet.*
2. *To understand the concerns of a wide range of persons about health and sex education.*
3. *To provide a structure for sharing ideas and different viewpoints in this area.*
4. *To identify the resources and support groups in the community.*
5. *To determine what is the next step to be taken regarding health and sex education in your community, and to obtain commitment to proceed.*

If those apply to your situation, you are ready to start planning. What follows is a procedural outline for an entire workshop. In it the process is very important. In the script there will be suggestions for modifying this format in terms of content while utilizing the process.

As the "prime mover," you are a vital key to carrying through this procedure. Before you start, see if you can identify one hard-working colleague or community person who cares as deeply as you do about the rights of young people to this area of education. This is a hard area in which to be "out front" alone. There is courage and support in working as a team.

You are about to embark on a community workshop and may be feeling as nervous as the Project staff did in anticipating their first workshop in a very conservative community. Each time we did this workshop it was different, but we came to rely on the process and letting the responsibility for the outcome rest with the community rather than with ourselves. We had our weak moments, mine being at the end of a workshop where often it would take time for someone to volunteer some next steps. But it <u>does</u> come, although in some cases the next step may not be as strong as you would like. The process does <u>not</u> allow for the workshop to terminate without at least a date for a further meeting.

The format that follows is divided into two phases: <u>Planning a Workshop</u> and <u>Delivery of the Workshop</u>. They are inseparable parts. For those of you who are old hands at workshops, forgive us if we spell out too many details. Our experience shows that success often hangs on attention to those details. Heaven forbid arrival at a room not previewed by someone, or without newsprint (often called butcher paper).

PHASE I: PLANNING A COMMUNITY WORKSHOP

PLANNING PROCEDURE	RESOURCE OR COMMENT
Step 1: You (the prime mover) need to form a planning committee for the workshop of 6-8 people who will work. You chair the committee. They have the role of planning and implementing the following format.	Both school personnel and the community should be represented, including parents. In larger communities include concerned social and health agency representatives.
Step 2: The committee reviews Chapter II in the manual and the format for the workshop. Your first task will be to clarify overall objectives for a program and what you want to see come out of a community workshop. Until this is done you cannot start planning.	The format is flexible so that the final group assignments will come out of your objectives. See Appendix H, Chapter II for a procedure to help clarify objectives.
Step 3: The Planning Committee needs to identify the two workshop leaders (facilitators) who will become familiar with the process that follows. They will be responsible for the overall coordination the day of the workshop.	For a real commitment to the program, these two people need to come from the Planning Committee if at all possible. Look for persons with some group experience who are warm and outgoing. They should enjoy working together and be willing to use the process as outlined. See Appendix G, Chapter II on facilitators.
Step 4: The Planning Committee obtains an accurate picture of what is happening in your school district. This is particularly important for family planning personnel.	
Step 5: The Planning Committee gathers the statistics in your community on VD and teenage pregnancy for background at the workshop. They can be posted, put in kits or incorporated into an introduction.	Department of Health (births to mothers 18 and under). School statistics on pregnancies, pregnant school program, VD rates, etc. Family planning agencies (teenagers served)
Step 6: Seeks co-sponsorship for the workshop with community agencies. This is recommended whether the initiative comes from the school district or a family planning agency.	Suggestions: Family planning agencies Youth-serving agencies Health Departments Medical Societies Counseling agencies Parent groups
Step 7: Optional. The committee may want to consider an orientation on the workshop for school district personnel.	

PLANNING PROCEDURE	RESOURCE OR COMMENT
Step 8: The Planning Committee sets a date that allows 6 weeks lead time. They design an invitation that sets clear objectives and asks for a firm commitment for the whole time (9:30 am-3:30 pm) in order that the process designed can be completed. Moreover, if there is any doubt that the whole time can be committed by an invitee, choose someone else.	The invitation should indicate clearly that this is an opportunity for parents and community to influence the design of a new program.
Step 9: The Planning Committee prepares a list of invitees, with a limit of 50-75 participants. Send invitations a month in advance and try to have completed list of participants ten days before the workshop date. You need to have a broad representation from your community, including parents and students. Try for 15-20 students so they feel they will be heard.	You need a small budget for mailing, printing and phone. Try to get workshop space donated. Use suggested list of invitees (Appendix B, Chapter II) as a guide. A personal telephone follow-up is suggested for larger communities, where parent response may be slow. Be sure that you have invited representatives of all viewpoints, including opposition, to your workshop.
Step 10: The Planning Commitee selects a convenient meeting place where there is a large room with movable chairs, yet a warm atmosphere. You will not need tables except for lunch; they just get in the way. Arrange for sandwiches or lunch to be brought in for participants, who should know in advance of the charge.	You need: 3 large blackboards or empty wall for butcher paper Table with large coffee pot Tables for lunch, if possible
Step 11: The Planning Committee prepares programs and evaluation forms for the day, and kits with background materials if you decide to give them out. Final decisions are made on the workshop format and roles are rehearsed. Prepare butcher paper with questions for the morning groups.	Sample program: Appendix C, Chapter II Sample evaluation: Appendix D, Chapter II Background materials on Project Teen Concern are also available if desired for kits. Material on your own community could be enclosed. Be sure you have name tags, felt pens and lots of butcher paper!

PHASE 2: DELIVERY OF THE WORKSHOP

By this time the planning committee has identified two persons as workshop leaders (also called facilitators) for the day. You will have delegated responsibility for food and coffee to three or four people so that these two facilitators can concentrate on the workshop and have lunch time for review. Outside speakers or consultants who become part of the program will need to understand the program in advance. Below are some of the principles that went into planning the process. Following that is the detailed program.

Principles Behind the Process

1. To get the participants involved and interacting from the start
2. To further participation and ease by working informally in smaller groups.
3. To give the community a voice on the goals and components of a program, inviting a range of viewpoints.
4. To secure a definite product (plan, concrete next steps) before the participants leave.

THE PROGRAM FOR A COMMUNITY WORKSHOP		
TIME	ACTIVITY	RESOURCE/COMMENTS
9:30 - 9:50	A. Coffee and people meeting each other*	Attendance check list Name tags with group assignments
9:50 - 10:00	B. Introduction of selves and objectives for the day*	
10:00 - 10:30	C. Determination of participants' concerns. Small groups of 7-8 consider 2 questions*	Large sheets of butcher paper Broad tip felt pens
10:30 - 11:00	D. Reporting to large group*	
11:00 - 11:15	Coffee break	
11:15 - 12:00	E. Presentation: Subject to be selected* (ending time is approximate)	
12:00 - 1:00	F. Lunch. During this time facilitators will meet to determine which afternoon components to use*	See "F" on page 30 for directions
1:00 - 2:00	G. Ideas for a Health/Sex Education Program*	Name tags with pre-arranged group numbers Butcher paper Felt pens for recorders
2:00 - 2:30	H. Reporting to large group*	
2:30 - 2:45	Coffee break	
2:45 - 3:20	I. What Do We Do Now?*	
3:20 - 3:30	J. Final words and evaluation*	

*See details that follow for each letter starred (A through J)

SPECIFIC DIRECTIONS FOR STARRED ACTIVITIES

A. Preparation

Several days before the workshop, when you have the confirmed list of attendees, make a list of attendees by roles (e.g. ministers, teachers, students, parents, health agencies, etc.) Then, trying for a mixture of roles and agencies in each morning small group, divide participants into prearranged groups (about 5 or 6) of 6-8 persons. For the afternoon groups, you could consider putting "like roles" together; i.e., teachers group, community agency group, parents groups, students group, etc. You should for sure group the students together in the afternoon groups. Prepare a name tag for each participant which will have a letter designation for the morning groups and a number designation for the afternoon group.

The questions for the morning groups will have been designed by the planning group in advance and be available on butcher paper. See Section C, page 29.

The day of the workshop, arrive 30-60 minutes in advance of the workshop and plan the areas for your small groups. Have a volunteer from the planning committee check arrivals on the list and give each a name tag with the small group designations. Be prepared for some unexpected persons and for some who replied affirmatively but don't arrive. The group numbers can be interchanged. You can also add to your existing groups, but try to keep the size to eight persons or less.

B. Workshop Objectives

Include in the introductions something personal about yourselves (each of the two facilitators) and how your concern about young people has led to this workshop.

This is the place to introduce your planning committee members, and any others you particularly want to recognize such as Board members, the Superintendent, or visitors.

Again ask for a commitment to stay through the day, and promise to end promptly at 3:30 pm.

By this time you will have written your own objectives for the day, which you will want to review with the group. They should be on the program, but also could be posted on newsprint.

Objectives
Example Only
From Project Teen Concern

1. *To understand your concerns about sex education and provide a structure where there is a sharing of ideas in this area.*
2. *To describe "Project Teen Concern" and how it has met some of the problems in San Francisco schools.*
3. *To help you determine what is the next step to be taken regarding sex education in your community.*

C. Determination of Participants' Concerns:

1. One facilitator will introduce this task by voicing the need to know the concerns of the group, and that these concerns will guide the format for the day.

2. Tell participants they will be now working in small groups to discuss the following two questions, which will have been prepared in advance on butcher paper.

Note: A key to the success of this workshop is allowing the concerns that you know exist to be heard and validated early. Until concerns are heard they can act as blockages to people really listening and developing ideas. The questions will relate to the overall objectives but must be phrased in such a way as to allow concerns of participants to be voiced.

Examples:

-What problems of young people in the schools and community do you feel a health/sex education program could help meet (including the possibility of "none")?

-What do you want to see happen for yourself and for others here as a result of this workshop?

-What are the concerns you have about the health/sex education program that is proposed?

3. Facilitator gives directions (repeat if necessary or post on butcher paper) as follows:

a. Ask participants to refer to name tags for letter groupings, then to take chairs and form circles in small groups in designated areas of the room.

b. Ask each group to select a small group chairperson and a recorder. These may be the same person. In addition to recording, one of them will act as spokesperson to the larger group. The facilitator clarifies the role of the chairperson in all the groups.

Note: See Appendix i, Chapter II for a discussion on the role of the small group chairperson, and pros & cons on pre-selecting this person.

c. Ask each member of a group to introduce self, including role (be brief).

d. Recorder writes answers to questions posed (combining similar answers) on large butcher paper using felt tip pen.

4. During the discussion time workshop leaders circulate among the groups to:

- -clarify misunderstandings of instructions if group not working at designated task
- -intervene quietly where difficulties such as sub-grouping may arise.

D. Reporting back to large group.

Let each group discuss for thirty minutes and then stop discussion. (Give a five-minute warning before the 30 minutes.) Ask spokesman from each group in turn to bring large sheets to front of the room and go over answers to questions, with the larger group elaborating when necessary. Allow 5 minutes for each report and ask spokespersons to be concise. Secure sheets to wall. You will want to save this material, for you will find you have tapped a reservoir of ideas for later use.

E. Presentation:

The planning group should decide what topic you want here. This was where the Project Teen Concern model was discussed. Substitutions could include: a speaker from a successful program elsewhere, or someone from your district with a proposed new program, or results of a survey of teenage concerns in your community, etc. This is one of the places where the workshop model can easily be modified depending on your objectives for the day.

F. Lunch

During lunch the two workshop leaders and the planning committee will meet to frame the questions that should be considered by the small groups

in the afternoon session under G. Use as reference the materials developed on butcher paper from the morning small groups. In order to frame these questions, ask yourselves:

1. What were the main conclusions or concerns in the morning?

2. What are the overall objectives as originally formed by the planning committee?

These should help you formulate two or three questions for the afternoon small groups which will allow community input into solutions. The questions should directly generate ideas about the next steps.

To assist you in formulating questions, these are areas you might want to consider.

a. A Question about Program Administration

Ask one or two groups to come up with ideas for the roles of various agencies and groups in any health/sex education program. Suggestions both for the kinds of resources available in a community to a school district and for how the resource might relate to the schools could be an outcome of this group. These groups are not to be concerned with curriculum content.

For example: "How do you see the roles of various agencies (school district, churches, health agencies, parents, etc.) in this program?"

"How would you like the school and the community to work together and how can they start?"

b. A Question about Program Components

There needs to be one question that invites suggestions as to what topics are included in a program, perhaps, with some idea about priority. Assign this question to the students, also.

For example: "What are the components you would most like to see included in a health/sex education program?"

"What are the qualifications you would suggest for a teacher?"

c. An analysis of the forces for and against sex education in the schools

Use this only if there is still great concern about the inclusion of sex education. Then assign one group a question: "What are the forces for and against sex education in the schools, and how would you reduce the negative forces?"

Introduce to this group the Force Field Analysis (see Appendix F, Chapter II for explanation of Force Field Analysis) and the importance of considering helpful and hindering forces. Ask them to

discuss these forces and to select one or two of the most important hindering forces to focus on. Ask them to come up with possible ways to reduce these forces.

G. Ideas on Health/Sex Education Program

1. Post on the wall the two or three problem-solving questions for the afternoon that came from the noon planning session. Allow a little time for comments if any. Then proceed with instructions for afternoon groups.

2. Divide into 5 or 6 small pre-selected groups as indicated by a number on each name tag for this second grouping. Approximately 6-8 per group. If you are grouping by like roles, some groups can be expanded, but consider two groups if the size gets too large. Repeat the instructions of the morning that each group select a recorder to produce legible notes and a spokesperson to report back to the larger group.

3. Introduce exercise by saying that programs develop best when there is a free flow of ideas and concerns. This exercise will facilitate such an exchange so that these ideas can serve as an information pool for the development of a program. Ask groups in beginning to brainstorm (See Appendix E, Chapter II for explanation of brainstorming. It would be helpful to post the rules on the Board.) and only after about ten minutes to start being critical. Workshop leaders will circulate and serve as resources and facilitators of discussions. The lack of criticism and censoring during brainstorming is essential to its productivity and success.

4. Each group is given one or, at the most, two questions to discuss. Ask groups to try for consensus, but allow for minority reports.

5. Recorder in each group is to make notes on two pieces of butcher paper, one containing the brainstorming and one with suggestions that have been looked at critically and prioritized for reporting.

6. Near the end of the one-hour discussion, workshop leaders give a 5-minute and a 1-minute warning for the task completing. Ask the spokesperson from each group to make a report (not over five minutes) of the prioritized ideas.

I. What Do We Do Now? Recommendations.

This is the most important part of the day, and why it is so essential for participants to remain until there is a "product." Have the participants work together as one large group for this.

1. The facilitator has heard the reports from the small groups and can

star and summarize some of the recommendations which have been presented.

2. The facilitator needs to summarize in such a way that each recommendation indicates: (have this written large on posted butcher paper)

a. Which person or organization involved...

b. What action to be done...

c. What date action is due...

3. Facilitator should not get nervous at this point, but should stay with the large group until some specific responsibility is taken for picking up on a recommendation by an agency or individual. Don't push too hard to get people talking: remember, they're thinking of what a personal commitment means, and need to identify their own comfort level. Be patient, and gently encouraging. If nothing else, a date and a time and place for a next meeting should be planned before adjourning. A sign-up sheet for continued personal involvement has been successfully used. See Appendix G, Chapter II.

4. Give written recommendations to representatives of those organizations designated to carry them out, if possible.

5. Try for consensus on a date when representatives will next meet.

6. Butcher paper ideas and recommendations should be gathered for compiling into report to participants on the workshop. Designate someone responsible for typing the material from the butcher paper work sheets, and tell participants they will receive the proceedings.

J. Evaluation (See Appendix D, Chapter II)

Allow ten minutes before adjourning for participants to complete the evaluation. Stress its importance before passing out the forms. Be sure one person is at the door to collect forms as participants leave the workshop.

One last word: If certain commitments have been made, it is essential to give continuing feedback after the workshop to participants about progress on plans, etc.

SCHOOL QUESTIONNAIRE

The following are things you need to know about your own School District in order to do further planning:

1. What is the law in your state regarding teaching Family Life Education?

2. Does your state have an approved curriculum and/or guidelines for Health Education? If yes, does that curriculum include reproduction, contraception, and VD?

3. In your County Schools Office, is there a Supervisor of Health and Family Life Education? In your city or district office, is there a Supervisor of Health Education? If yes, what are their names and have you talked with them to find out what they are offering?

4. Is there an on-going health education program in your school district and at what grade levels? Is there a Family Life Education component?

5. Does it follow the state guide in Health and Family Life Education? Does it include human sexuality and reproduction? If not, why not?

6. How many high schools and junior high schools are there in your school district? What is the ethnic and socio-economic profile of students in your district?

7. Have you talked with Health Education teachers and seen their course outline? (Who teaches Family Life Education - e.g., home economics, physical education, social studies?)

8. If teachers are asking you for speakers, what subject areas do they teach?

9. Was there any in-service training of teachers in your district last year in health education and did it include sexuality, VD and contraception?

10. Have you talked to the president of your district PTA or other parent organization and found out their position on sex education?

11. Are your district school administrators personally supportive of Health and Family Life Education?

LIST OF INVITEES FOR A COMMUNITY WORKSHOP

The following list suggests those in your community whose support is vital to building a broad base for your program. They should be included in the earliest phases of planning:

A. Educators

1. Someone from the County School office, preferably in health education or related area
2. From your school district, someone the same as above, plus a secondary classroom teacher who is doing some health education now
3. Someone from your university or state college campus (if one) who is involved in teacher training in health education
4. One city school district administrator
5. One school board member (more, if possible)
6. One person from pregnant girls program
7. One health educator in VD
8. One person each from the State Department of Health and the State Department of Education in health education, if appropriate

B. Community Representatives

1. Someone from Planned Parenthood and other family planning programs
2. 5-7 PTA members and other parents (total 12)
3. A Doctor
4. Someone from public welfare
5. Representation from all ethnic communities
6. More than 1 representative from the religious community: Catholic, Mormon, Protestant, Jewish
7. Someone from Mental Health Services or Family Counseling
8. Someone from the business community
9. Students from junior and senior high schools (10-20)

SAMPLE PROGRAM

Project Teen Concern

An Educational Program to Prevent Venereal Disease and Premature Parenthood
PROGRAM FOR MARCH 13, 1975
Presented at the Request of the Yavapai County Health Department
Prescott, Arizona

TIME	ACTIVITY
9:30 - 9:50	Coffee & people meeting each other
9:50 - 10:00	Introduction of selves and goals of program
10:00 - 11:00	Determination of participant's concerns through small group interaction
11:00 - 11:15	Coffee break
11:15 - 12:00	Presentation on Project Teen Concern
12:00 - 1:00	Lunch
1:00 - 2:00	Group Process: Problem Focus
2:00 - 2:30	Group Reporting
2:30 - 3:15	What Do We Do Now?
3:15 - 3:30	Final Words & Evaluation

OBJECTIVES FOR TODAY:

1. To understand your concerns about health and sex education and provide a structure where there is a sharing of ideas in this area.

2. To describe "Project Teen Concern" and how it has met some of the problems in San Francisco schools.

3. To help you determine what is the next step to be taken regarding health and sex education in your community.

Consultants:
(Made Available Through Region IX, Department of HEW)

Nathalie Hawley, M.S.W.
Education Director, Planned Parenthood/World Population Alameda-San Francisco

Joan Haskin
Director, Project Teen Concern, San Francisco Unified School District

SAMPLE EVALUATION FORM

Project Teen Concern

An Educational Program to Prevent Venereal Disease and Premature Parenthood

EVALUATION

Irvine Workshop
April 24, 1975

I. Evaluate each of the following by placing a check in the appropriate column.

	Poor	Good	Excellent
1. Introduction - Goals			
2. Morning: Small Groups to Define Expectations			
3. Presentation: Health Education Program in Irvine School District			
4. Small Groups: Information Processing			
5. Post-Lunch: Task Groups			
6. Wrap-Up			

II. Please circle one number on each of the lines below. They indicate relative time alloted for each of the six activities.

1. Introduction - Goals

1 Not enough time — 2 — 3 Right amount of time — 4 — 5 Too much time

2. Small Groups to Define Expectations

1 Not enough time — 2 — 3 Right amount of time — 4 — 5 Too much time

3. Presentation: Health Education Program in Irvine School District

1 Not erough time — 2 — 3 Right amount of time — 4 — 5 Too much time

4. Small Groups: Information Processing

1 Not enough time — 2 — 3 Right amount of time — 4 — 5 Too much time

5. Task Groups

1	2	3	4	5
Not enough time		Right amount of time		Too much time

6. Wrap-Up

1	2	3	4	5
Not enough time		Right amount of time		Too much time

III. Please respond to the following:

A. Do you feel satisfied that our stated objectives for the workshop were met? (Circle one)

1	2	3	4	5
Not at all		Neutral		As completely as possible

B. Were your expectations different from our objectives?

Yes _____ No _____

If they were different, how well were <u>your</u> expectations met by this workshop? (Circle one)

1	2	3	4	5
Not at all		Neutral		As completely as possible

C. Was anything omitted which would have been helpful to you in meeting your expectations?

D. Do you have any comments or suggestions which might be useful to us in planning future workshops in other locations?

***OPTIONAL:

Name _____ Agency _____

BRAINSTORMING*

Goals:

1. To generate an extensive number of ideas or solutions to a problem by suspending criticism and evaluation.
2. To develop skills in creative problem solving.

Group Size:

Any number of small groups of approximately 6-8.

Time:

Twenty minutes before the groups start to evaluate the ideas presented.

Material:

Newsprint and felt-tipped markers for each group.

Process:

A. The facilitator states the following rules:
   1. There will be no criticism during the brainstorming phase.
   2. Far-fetched ideas are encouraged because they may trigger more practical ideas.
   3. Many ideas are desirable.
   4. Don't hesitate to build on ideas presented by others.

B. Each group is given a topic to brainstorm, or all groups may work with the same topic.

C. At the end of the generating phase (20 minutes), the groups are directed to evaluate their ideas and select the 3 or 4 best ones for the report.

D. The facilitator then asks participants to form large group again. Recorders from each group present the 3 or 4 best ideas, which are then posted on board or wall.

*Adapted from Pfeiffer, J. William and Jones, John E., "A Handbook of Structured Experiences for Human Relations Training," Volume III, Revised #53, University Associates.

FORCE FIELD ANALYSIS

Goals:

1. To understand realistically all the forces for and the forces against achieving a stated goal.

2. To develop concrete suggestions for reducing the restraining forces and moving toward the goal.

Group Size:

This can be done individually, in diads, triads, etc. In this case, a group of 7-8.

Time:

One hour in all. Twenty minutes allowed for brainstorming ideas in the beginning. (See Appendix E, Chapter II, for Brainstorming process)

Material:

A prepared Force Field Analysis chart on butcher paper. (See example, Appendix W, Chapter III)
Newsprint and felt-tipped markers for the recorder.

Process:

A facilitator explains the Force Field Analysis chart, pointing out that experience has shown that it is more productive to reduce the restraining forces than to increase the positive forces (which may polarize the community).

1. After a recorder is selected, the group is to brainstorm uncritically all the forces for and all the forces against achieving the goal (in this case, sex education in the schools).

2. After twenty minutes, the group is to rank order the hindering forces and select the three most important in terms of solvability.

3. Brainstorm solutions to reducing those forces and then:
   a. Select the best brainstorm ideas.
   b. Decide who should expedite.
   c. List resources needed.
   d. Put ideas in time frame.

4. On return to larger group, recorder presents the ideas and posts the newsprint.

A PERSONAL WORK TO FACILITATORS

It is our hope that the workshop format and instructions are clear enough that your responsibility as workshop leaders will not seem formidable. Project staff has observed a number of successful community workshops where this format has been followed and the facilitators came from the planning group. However, all groups have mentioned initial concern. If you do the following you will have no difficulty:

- Go over the format for the community workshop in detail several times. In particular, read the starred instructions following the day's program.
- Make notes of questions.
- Then meet with your co-facilitator to share concerns and work out your own plan for the day.
- Go through the process together until it is clear, especially your respective roles at each point.
- Finally, trust the process!

HOW A PLANNING COMMITTEE CAN CLARIFY THEIR OWN THINKING AND OBJECTIVES

This needs to be done at the first meeting of the Planning Committee for the community workshop. You cannot adapt the process unless your own goals are clear. The following is a suggestion of a process that may help.

1. The chairperson (the prime mover) asks for a recorder for the meeting.
2. The chairperson asks each committee member to state what concerns they have about the planning and starting to work in this area, and what they hope will come out of this meeting.
3. Critically examine what they see as the outcome for the Community Workshop.
4. The long-range goal needs to be clarified, eg.:

   --an "integrated" health curriculum
   --an increase in parent support for existing family life education program
   --an increase in coordination between community services and school needs and resources.

5. The recorder summarizes the concerns and the long range goals.

APPENDIX *i*, CHAPTER II

PROS & CONS OF PRE-SELECTED SMALL GROUP LEADERS

Whether morning groups have pre-selected chairpeople is debatable. Good results have occurred without pre-selection, but at the same time, some groups have had difficulty in staying with the task.

Advantages of pre-selecting leader:

1) More efficient in getting task done.
2) Less likelihood that a strong "anti" member can gain control over a group.

Disadvantages of pre-selection:

1) Some people might accuse sponsors of the workshop of "stacking the deck"
2) Takes time in pre-planning.

If group leaders are pre-selected, they should be handed instructions which emphasize that their role is to:

1) Encourage <u>all</u> to participate and avoid one person dominating.
2) Keep group focused on task.
3) Stop sub-grouping within the groups.
4) Encourage members to listen to each other.

Chapter III

Teacher InService Training

Teacher Training

Once you have community and school district support for a program (Chapter II) and have a curriculum, the next essential key is the training of your teachers. Your program will be only as successful as the quality of teaching and the commitment of your teachers. This means designing an inservice training that truly assists teachers in starting a program. It also means continuing to offer consultation, materials, and inservice throughout the year and being prepared to train new teachers at the start of each new school year. In my opinion, this means that responsibility and resources must be given to some one person in your school system, such as a health education specialist. The project director for Project Teen Concern had all these responsibilities in the San Francisco Unified School District and worked under the Supervisor for Health and Family Life Education.

This Chapter is devoted to considerations involved in designing a teacher inservice in order to initiate a sex education program for junior high school students. We were fortunate in having the program funded for three years under a DHEW contract to develop a model. This will not be true for most readers of this manual. Nor will your objectives for the teacher inservice be identical to ours: they may be to train K-12 teachers for a comprehensive health curriculum or they may be for a sex education segment at another grade level. Whatever the differences, there will be many similarities in the problems to be faced and solved in the development of a core of trained teachers.

This manual is based on one experience of developing a health/sex education program for junior high school students within the school organization. Therein lie a great many constraints which would not exist in an educational program outside the school. In the task of developing a model for training of teachers who in turn will be working with the young people, the constraints become part of the planning process and need to be acknowledged.

Financing the Training and Materials Needed

You will need a small budget; therefore the person responsible for the program needs to be creative in looking for funds. You might first consider approaching your own district for possible funding or having your district fund writers prepare a proposal for teacher training. The Office of Education and the Office of Family Planning, DHEW, are possible places which encourage the development of school health/sex education programs. Small foundation should also be approached.

If over all funding is not possible, the program can be launched with small donations from many sources in your community. Some of these to consider are: an allied health council, your county medical society, churches, family planning agencies, mental health programs, your county school office. Small donations can be extremely useful in obtaining materials, films, film strips. Often you can get printing of training materials donated by the school district. Books can be donated. Colleges and universities in your area will give in kind services in the training component. Many persons from community agencies will donate time in teacher training. Your advisory group can be of real assistance in the search for experts to help with training services.

As the initiator, one of your first tasks will be to identify yourself to all possible health organizations in your community and to seek their assistance as resources both in training in the classroom and as members of your advisory committee. This kind of community cooperation cannot be estimated in dollars.

Time

Teacher training time is hard to arrange. School districts today have a general policy of no release time for training. This poses a very real problem in implementing inservice training. In one California district, some voluntary health agencies contributed money for release time in order that the training could take place. That is an interesting possibility. It becomes even more of a problem when the process itself for training, especially in sex education, is only successful with large blocks of time. One solution was the one taken in Project Teen Concern, where the training took place on four consecutive Saturday mornings in four 4-hour sessions. This allowed for important personal interaction to occur, but we recognized it was insufficient time for training a sex educator. It was a start.

An alternative to training during the school year might be the first or last week of summer vacation. Another possibility might be two or three "large group meetings" in a central and convenient location, led by community consultants, followed up by well planned "small group process" groups which meet on the school site for a shorter time period immediately after school, under staff direction.

Scheduling Time

Time is also a problem in scheduling for utilization of the training in the school day. Adding any educational component needs extensive pre-planning and approval by administration for use in the classroom. This can be a major or minor road block, depending on administrative and teacher priority for this area of instruction.

Inducements

Teachers also need inducements to take on responsibilities in controversial subjects. At the very least offer inservice credit or college credit as an option. Some district reimbursement at least for travel expenses is even better. Project Teen Concern offered a small stipend to teachers, conditional on 100% attendance at the training sessions.

Teacher Recruitment

Teachers often feel overworked and undervalued, so that developing an interest in taking inservice training voluntarily, even in the fascinating area of "sex," means overcoming these obstacles. That means an enthusiastic project director who can both sell the project and deliver an interesting and relevant program.

RECRUITMENT ACTIVITIES FOR PROJECT TEEN CONCERN

The Project Director visited each of the 19 junior high schools and the Youth Guidance Center between November 28, 1972 and February 13, 1973. The personal contact was essential to motivate interest and to provide an adequate explanation of the program to key certificated personnel. Other methods of recruitment included:

--District newsletter inviting certificated personnel, grades 7-8-9.

--Mailing to all teachers, grades 7-8-9.

Teacher Selection

A great deal has been written about the qualities desired in a sex educator. For this project it was not possible to select participants except on the basis that they selected themselves voluntarily to attend. The format for training itself seemed to take care of a wide range of persons and needs. Some teachers did not go on to conduct workshops for students. It is our feeling that teachers should be respected for deselecting themselves if they are not comfortable in the program, or if their current teaching assignment does not provide suitable opportunities for this instruction. Teachers' schedules change and perhaps next year's classes will provide at least "teachable moments."

Much has been written about ideal characteristics for a sex educator, but as yet no objective measure exists. Some characteristics to consider are:

--An accurate knowledge of and comfort with human sexuality.
--Understanding of the wide "normal" range of physical and emotional maturity among young adolescents.
--Ability to accept a broad spectrum of behavior.
--Sensitivity to feelings of others.
--Warmth, openness, sense of humor, and common sense.
--Ability to perceive what is behind the question of a young person.
--Compassion for young people.
--Understanding of small group process and teaching techniques for this area.

Place

Both the teacher inservice and the student classes should be accomplished in a warm, informal atmosphere. This is not always possible, but regrouping of chairs, pillows, plants, and posters can create a pleasant and relaxed climate for discussion.

The Need to Deal with Values

Most educators realize that the crucial problem in designing an educational program about sexuality lies not in "what" should be taught but in "how." The facts are there, easily recovered, but the problem is how the facts are presented and whether they become integrated into the value system of young persons. All studies of teenage pregnancies confirm that the problem does not lie mainly in the area of no information about contraception, but rather in the area of conflict about sexuality reflected from the many mixed messages in our society.

The training design for Project Teen Concern was heavily weighted by the experience and conviction of the Project Director that the Values Clarification approach developed by Raths, Harmin, and Simon* offered the best framework for

*Raths, Louis; Harmin, Merrill, and Simon, Sidney B. Values and Teaching. Columbus, Ohio: Charles E. Merrill, 1966.

helping young people develop decision-making skills. It had previously been widely used very successfully in drug abuse education.

Since parents, churches and school personnel themselves are heavily troubled by the moral issues involved for young people, the Values Clarification approach (see Appendix E, Chapter III for more on Values Clarification) provides a framework for dealing with ethical concerns and is acceptable to these important groups. It does not impose any single set of standards, which is very important in any multi-ethnic community.

In addition, the Values Clarification training for teachers both increases the comfort with sexuality topics and gives teachers valuable techniques for teaching many other subjects in the classroom or counseling situation.

During the planning of the teacher training, throughout the three models, the effort continued to balance cognitive learning and affective experience as being just as important for teachers as for students. Values Clarification remained the cornerstone of the program, both as a process and as techniques which could help young people integrate their learning about sexuality. This together with communication skill development accounted for 50% of the hours spent in training.

If the Planner is Not School Personnel

One of the strengths of Project Teen Concern was that the Project Director was an experienced family life education teacher within the San Francisco Unified School District. It is very possible that the reader may be from an outside agency such as a health department or a Planned Parenthood affiliate who wants to plan a voluntary inservice for teachers in an effort to get a program started or to provide some additional skills that are requested. Many family planning educators are recognizing that a "contraceptive rap" is not education but information, and that the young person needs a different framework for this to be useful, which can best be provided in a longer program in or out of the classroom.

If you are "outside the school" you will need some additional help that goes back to Chapter II:

--Before you start, be sure you can answer the School Questionnaire (Appendix A, Chapter II). School personnel are rightly sensitive when well meaning "outsiders" have not informed themselves of some very good programs currently in operation quietly in their schools.

--Administrative approval is essential so that the training can be utilized in the classroom. It is a waste of time and frustrating to the teacher if there is no possible permission in the school district. In that case you might better explore whether you as an outside agency person can come into the classroom as a consultant or work with groups of young people who choose to participate in a discussion group outside of school hours.

--Be particularly sensitive to attitudes and needs of the teachers. Remember schools are traditionally more conservative places than family planning agencies. Techniques for teaching that are acceptable in an outside location may be too radical for the school situation. Teachers, too, by training and attitude, may be coming from a different world of values than the family planner. Allow for acceptance and validation of differences in your training process.

--Parents and PTA groups should be informed and if possible, actively involved, in what you are planning and why. Strongly consider a parent component too, as outlined in Chapter IV.

Community Climate

If your community climate is "anti" sex education or lukewarm, sometimes it is wise to start with the focus on VD prevention and control within a framework of prevention of other serious and communicable diseases. Instruction about communicable disease prevention and control is part of most life science or health curricula, e.g. flu, polio, childhood diseases, T.B., lice, impetigo. From this "entry level" it is possible that the more desirable and broader human sexuality instruction will evolve. The values clarification techniques are as compatible with teaching about contagious diseases as in developing a parent/school/community climate which will support and encourage a "total" program.

The Need for a Training Format Responsive to Teacher Needs

Chapter I, pages 5 - 6, details the formative evaluation process in the development of the final training model (C) for the San Francisco Unified School District teachers. All three training models combined skill building in the communication area with information-giving. Model A (sample program, Appendix A, Chapter III), on evaluation, did not allow for sufficient integration of the cognitive and affective learning experiences. Model B (sample program, Appendix B, Chapter III) sought to model the use of small groups to deal with sensitive questions and concerns. The evaluation indicated that some teachers had difficulty in dealing with the introspective focus of the group process and were insecure about how to begin teaching in the classroom. Model C (sample program, Appendix C, Chapter III) provided specific support for conducting programs in the classroom situation and involved teachers in the type of active learning experiences important in the classroom. It represents the results of continuing evaluation as the teacher training cycles progressed. This is the model detailed in this chapter of the manual.

PHASE I: PLANNING A TEACHER INSERVICE TRAINING

PLANNING PROCEDURE	RESOURCE OR COMMENT
(Concurrent steps)	
Step 1: Analyze what is currently happening in health/sex education in your schools.	See questions on School Questionnaire, Appendix A, Chapter II.
Analyze previous training offered to teachers in family life education	It is important to be aware of the level of sophistication and training of teachers before deciding on the training model to be used.
Step 2: Secure a commitment for some excellent clerical help. You will be developing a number of communications which need to look professional. You will need help with all the details.	From your agency or school district administrators.
Step 3: Form a Community Advisory Committee. Even if the community training component is not included, it is essential to the implementation of a program in a school district that a broad base of community support be obtained. An advisory committee or comparable group should be formed as early as possible during planning, not afterwards.	See Chapter I for role of Community Advisory Committee, and list of agencies represented in Project Teen Concern (Appendix A, Chapter I). Ask this committee to review with you materials for teacher packets, development of bibliography, of your format as it evolves.
Step 4: Recruitment of teachers	See Certificated Personnel Announcement, Appendix F, Chapter III. See activities utilized by Project Teen Concern Director, page 53, Chapter III. See Sample Flyer, Appendix G, Chapter III.

PLANNING PROCEDURE	RESOURCE OR COMMENT
Step 4: (cont.) Recruitment of teachers	School newsletters School nurses and principals can often help identify interested teachers.
Step 5: Administrative support for arranging inservice credit, release time, etc.	Director of teacher inservice.
College credit arranged with local college.	See sample course outline from Project Teen Concern, Appendix H, Chapter III
Step 6: Make physical arrangements for workshop space. Include small budget (if possible).	Room to move around in comfortable, informat,space. Blackboards, chalk, butcher paper, felt pens, cushions.
Step 7: Prepare resource guide on all community services available to young people such as -family planning services -pregnancy counseling -pregnancy tests -VD tests -pre- and post-natal care -community switchboards -educational services	See examples, Appendix I, Chapter III. In some areas, this may be available from Planned Parenthood or the Health Department
Step 8: Planning the format itself. A. Work out number of hours and time blocks for training sessions, but try for longer amounts of time in one block.	*16 hours, in four 4-hour sessions were used in Project Teen Concern*
B. Review materials available and select films (if any), prepare background materials for kits and bibliography.	See Appendix J, Chapter III, for Resource Materials, Certificated Personnel, and Appendix D, Chapter III, for Bibliography.
C. Identify and prioritize cognitive areas to be covered.	Review with advisory committee.

PLANNING PROCEDURE	RESOURCE OR COMMENT
D. Plan process activities around C (above) that involve group participation and the principles outlined at the start of the detailed format.	See complete Training Model C, that follows, pages 53 - 58. See discussion Chapter I, pages 5 - 6, on the evolution of the training model.
E. Select community consultants. Confirm arrangements with consultants in writing. Meet with consultants prior to workshop to confirm time.	See "How to Select Community Consultants," Appendix K, Chapter III.
Step 9: Plan evaluation procedures and develop forms.	See Evaluation Forms, Appendix L, Chapter III, pages 83-86 for details.
Step 10: Give clear instructions to teachers re: credit, attendance, ground rules for participants, directions to training site, time, etc.	See sample, Appendix M, Chapter III.
Step 11: Arrange packets in advance. *(For Project Teen Concern, a packet of printed materials which covered all appropriate topics was distributed, and the contents remained the same throughout the cycles.)*	See list of packet materials, Appendix J, Chapter III.
Step 12: Check room arrangements the day before; arrange for coffee, etc.	
Step 13: Arrive early the day of the workshop.	

PHASE II: DELIVERY OF THE TEACHER TRAINING COMPONENT

Below are some of the principles that guided the development of the format for the teacher inservice. Following that is the detailed program which evolved out of the teacher training experience as most suited to the needs of San Francisco teachers (Model C, Appendix C, Chapter III), and the only model to be discussed in detail in this manual.

PRINCIPLES BEHIND THE PROCESS

1. To obtain a balance between cognitive and affective learning.
2. To focus on developing communication skills and self awareness.
3. To use group participation exercises to model classroom group participation.
4. To provide a framework for examining values about sexuality. (See "Valuing and Decision Making" section of Bibliography, Appendix D, Chapter III)
5. To model training techniques: workshop leaders and outside consultants.
6. To demonstrate techniques and strategies in teaching which are flexible, creative, and adaptive to other learning situations.
7. To use community consultants as resources in subject areas.
8. To utilize the abilities and resources within each group of teachers going through a cycle.
9. To provide in the last session a bridge for planning concrete next steps for the utilization of the training.
10. To assess and adapt the format to the needs of the group.

THE PROGRAM FOR A TEACHER INSERVICE WORKSHOP		
Time	*Activity*	*Resources/Comments*
Session I	Topic: Values Clarification	Coffee Name tags Participant list Kits Blackboard
9:10-9:25	Welcome: Introduction of program and of the focus by the facilitator who will be there for all 4 sessions.	
9:25-9:40	Facilitator leads discussion of legal aspects of teaching sex/VD education in your state and/or community	Copies of all pertinent laws
9:40-12:40	Introduce values clarification approach and the consultant used for this portion of the program.	An expert consultant with whom total program has been reviewed
12:40-	Facilitator gives reading assignment on venereal disease, in preparation for next session	From selected VD pamphlet
Session II	Topic: Venereal Disease	
9:10-9:15	Introduction of VD resource person. Administer quiz on VD	Quiz and Answers, Appendix P, Chapter III
9:15-9:30	Explanation of Information Processing - divide into support groups to identify concerns for speaker: "What are my concerns and questions in this area?" "What questions do I hope the speaker will answer?"	See Information Processing directions, Appendix N, Chapter III Put questions on board or butcher paper
9:30-10:15	Speaker on VD	See "How to Select a Consultant/Resource," Appendix K, Chapter III
10:15-10:30	Support groups discuss: "What did I gain?"	See Information Processing directions,

Time	Activity	Resources/Comments
	"What further information do I need?" "What do I call into question?"	See Information Processing directions, Appendix N, Chapter III
10:30-10:45	Speaker wrap-up in response to comments	Again write questions on board
10:45-11:00	Coffee Break	
	Topic: Developing Group Leadership Skills	
11:00-11:20	Lecture on SASE by facilitator	See SASE, Appendix O, Chapter III
	Then divide into groups of 8. Each group elects 2 process observers and leader. Explain process.	See suggestions for Giving and Receiving Feedback, Appendix Y, Chapter III
11:20-12:00	Discuss: "What is the role of a teacher in teaching about human sexuality?"	
12:00-12:20	Feedback of observers	
12:20-12:30	Wrap-up discussion lead by facilitator. Facilitator explains purpose of t-c questionnaire.	Topic - Comfort Questionaire (see below)
12:30-12:40	Have teachers complete Topic-Comfort Questionnaire and collect for use next session.	Give out questionnaires prepared in advance. See Appendix Q, Chapter III for sample
12:40-	Facilitator assigns reading from Katchadourian, in preparation for next session.	Select appropriate section on Human Sexuality

Time	*Activity*	*Resources/Comments*
Session III	Topic: Human Sexuality	
9:00-9:10	Administer teacher quiz	Appendix Z, Chapter III
9:10-10:00	Use of material from t-c questionnaire. Assign pre-arranged groups of 4 by name tag and number and topic. Put the 3 questions on the board that each group is to answer for their topic. Have group choose spokes-man/recorder.	See directions and questions for Topic-Comfort Questionnaire, Appendix Q, Chapter III.
10:00-10:30	Spokesman shares with large groups ideas for teaching in these areas. Give time limit for reports depending on number of groups reporting.	
10:30-10:45	Ask each person to write on a card an anticipated problem in teaching involving action/ interaction with student . Collect to use in designing the trouble-shooting clinic in Session IV.	Small cards See Appendix U, Chapter III, for examples of questions from Project Teen Concern
10:45-11:00	Coffee Break	
11:00-11:15	Repeat Information Processing in small groups with spokes-man writing concerns on cards for speaker.	See Information Pro-cessing, Appendix N, Chapter III.
11:15-12:00	Speaker on human sexuality.	*The focus in Project Teen Concern by the speaker was on the affective interper-sonal level, not the bio-logical. Adolescent sex-uality, sexual myths, the sexual response cycle, in-timacy, and personal re-lationships were covered.*

Time	Activity	Resource/Comment
12:00-12:15	Support groups return to Information Processing	
12:15-12:45	Speaker response and wrap-up	
12:45-1:00	Give out student questionnaire for a pre-test, in order to find out what students know. Tell teachers to score tests and bring to Session IV as an aid to planning the lesson next time.	See Appendix R, Chapter III for pre-test.
Session IV	Topic: Trouble Shooting Clinic	
9:10-9:45	Facilitator has already reviewed cards with questions and concerns from previous meeting. Facilitator explains process of trouble shooting clinic and divides into groups.	See Appendix T, Chapter III for detailed directions
9:45-10:15	Spokesmen share with larger group the solutions.	
	Topic: Role Play of Counseling Situation	
10:15-11:15	Facilitator introduces the idea of a role play and gives detailed instructions.	See Appendix S, Chapter III
11:15-11:30	Facilitator leads large group discussion on the experience of the role play, tying together the counseling principles emerging from the group.	
11:30-11:45	Coffee Break	
	Topic: Use of Force Field Analysis to Clarify Program Goals and Constraints for the Participants	Review principles for Force Field Analysis, Appendix F, Chapter II

Time	*Activity*	*Resource/Comment*
11:45-12:15	Facilitator explains use of Force Field Analysis. Divides group into support groups of 5 or 6 people by grade level and school function. Gives out Force Field Analysis forms and directions Topic: Developing a Plan for the Next Step	See detailed directions, Appendix V, Chapter III See sample form, Appendix W, Chapter III
12:15-12:45	Facilitator asks participants to proceed to developing a lesson plan (if that is the goal) while remaining in support groups. If a lesson plan is not appropriate (i.e., nurse, counselor), participant to decide on one specific action to take in the next week to move toward the goal.	Teachers use results from student quiz given last week as the basis for planning. It is essential that all participants leave with clear next steps in their minds.
12:45-1:00	Final words, future steps in the classroom Evaluation	Allow time for evaluation. See Appendix X, Chapter III, for sample form.

Session I
VALUING AND D SION MAKING
-Influence of moral, ethical and spiritual values on behavior and responsible decision making
-Recognition of cultural and ethnic determinants of human behavior
-Implications for classroom instruction

Robert Newell, M.A.
Coordinator, Office of Drug Education
Oakland School District
Inter-faith Participants:
Dr. Kenneth Eberhard
Mr. Ralph Jaffe
Rev. A.C. Ubalde

Session II
NORMAL ADOLESCENT DEVELOPMENT
-Physiological and emotional changes
-Masculinity - femininity: roles and stereotypes
-Community resources
-Implications for classroom instruction

Harvey Caplan, M.D.
University of California, San Francisco
Nathalie Hawley, M.S.W.
Education Director, Planned Parenthood/World Population, Alameda - San Francisco

Session III
HUMAN REPRODUCTION
-Male and female anatomy
-Reproduction
-Preventing parenthood before maturity
-Implications for classroom instruction

PROJECT TEEN CONCERN

San Francisco Unified School District
Joan Haskin, Project Director

Training Program I
Two Saturday mornings - February 24 and March 17, 1973
Four Monday afternoons - February 26, March 5, 12, 19, 1973

Training Program II
Two Saturday mornings - April 7 and May 12, 1973
Four Wednesday afternoons - April 11, May 2, 9, 16, 1973

Session III, continued
Martin Gershman, M.D.
California State University, San Francisco and Stanford Medical Center
Elaine Grady, M.S.W.
Coordinator, Special Service Centers
San Francisco Unified School District

Session IV
VENEREAL DISEASE
-History
-Epidemiology
-Prevention, treatment and control
-Community resources
-Implications for classroom instruction

Erwin Braff, M.D., M.P.H.
Chief of Communicable Diseases
San Francisco Health Department
(Training Program I)

Ellis Mitchell, M.D.
President, San Francisco Dermatological Society
(Training Program II)

Session V
COMMUNICATION SKILLS
-Youth-parent-teacher communication
-Pressures on youth, family and society
-Conflict and crisis management
-Community resources
-Implications for classroom instruction

Gerald West, PhD.
Associate Professor of Counseling
California State University, S.F.
(Training Program I)

Rinna Flohr, M.S.W.
Deputy Director, Division of Special Programs, Community Mental Health Services
San Francisco Department of Public Health
(Training Program II)

Panel Members:
Sonia Barrios, Family Planning Coordinator, Mission Neighborhood Health Center
Helene Gould, Family Planning Educator, North Beach-Chinatown Family Planning Educational Services
Barbara White, Chief Public Health Nurse, Comprehensive Child Care Project, Mt. Zion Hospital

Session VI
TEACHING AIDS: SURVEY AND EVALUATION
-Audio-visual aids; school laws
-Community resources
-Implications for classroom instruction

Eugene Huber, M.A.
Supervisor, Health and Family Life Education
San Francisco Unified School District

Information Sheet

PROJECT TEEN CONCERN

San Francisco Unified School District
Joan Haskin, Project Director
Eugene Huber, Health and Family Life Education

WHAT: Topics will include:

General Overview
- -Project objectives
- -Teacher/parent responsibilities
- -Laws/Family Life Education

Values Clarification
- -Moral, ethical and spiritual values
- -Making choices

Adolescent Development
- -Physical and emotional health
- -Potential problems/concerns
- -Preventing VD
- -Preventing too early parenthood
- -Psycho/social behavior
- -Cultural attitudes
- -Conflict and crises
  - parent-child
  - teacher-student
- -Reproductive physiology
- -Male-female role stereotyping

HOW:
- -Values clarification: strategies for classroom use
- -Large and small group participation techniques
- -Use of resource materials/facilities
- -Case studies
- -Student questions
- -Classroom techniques
- -Language - whose and when?
- -Pre and post tests

WHERE: Bungalow T-7
George Washington High School
30th Ave. at Anza St.

WHEN: Four Saturday mornings - Fall, 1973
Session I - November 3
Session II - November 10
Session III - November 17
Session IV - December 1

TIME: 9 a.m. - 1 p.m.

Approximately 30 minutes of outside preparation will be expected prior to each of the last three sessions.

Attendance at all four sessions is required for all credit/stipend options.

STAFF:
Carolyn Block, Ph.D., Family Crisis Center, Mt. Zion Hospital
Harvey Caplan, M.D., University of California, San Francisco
Nathalie Hawley, M.S.W., Education Director, Planned Parenthood/World Population, Alameda-San Francisco
Bob Newell, M.A., Oakland School District
Julie Roseman, M.P.H., San Francisco Department of Public Health
Stan Shalit, Drug Education Specialist, Alameda County School Department
Janet Weinberger, M.S.W., Project Teen Concern
Gerald West, Ph.D., California State University, San Francisco

PROJECT TEEN CONCERN

Cycles IV & V

San Francisco Unified School District
Joan Haskin, Project Director
Eugene Huber, Health and Family Life Education

SESSION 1

A. Focus
   1. Skill building in areas of:
      -value clarification
      -leading group discussions
      -handling problem situations
   2. Information in areas of:
      -Human sexuality and contraception
      -Venereal disease
   4. Support for conducting sex education programs in the classroom by:
      -Time to plan
      -Assistance in planning
      -Providing resource material
B. Legal Aspects
   1. Rights and Responsibilities State Education Code
   2. State Department of Education Moral Guidelines
C. Values Clarification
   1. Strategies
   2. Theory

SESSION 2

A. Introduction: Resource People
B. Information Processing
   1. Support groups
   2. Speaker (venereal disease)
   3. Support groups
C. Group Leadership Skills
   1. Process observers
   2. Focus: "What is the role of a teacher in teaching sexuality?"
   3. Observers: feedback
D. Topic-Comfort Questionnaire (for next session)

SESSION 3

A. Introduction: Resource People
B. Comfort-Topic Discussion Groups: recorder. Focus (3 questions)
C. Recorders report
D. Each person writes down a problem involving action/interaction with students focusing on one area from the Comfort-Topic discussion groups (for use next session, and for today's speaker)
E. Information Processing
   -"What are my concerns and questions?"
   -"What questions do I hope speaker will answer?"
F. Speaker
   Focus: Human sexuality, sex roles, and adolescent maturation
G. Small Groups
   Focus: "What did I gain?" "What further information do I need?"
H. Speaker response

SESSION 4

A. Buzz group consultation
   Focus: Chosen from cards filled out in Session 3
B. Groups of 5 to discuss issues that arise. Recorder.
C. Recorder report
D. Role play: use triads: teacher, student, observer. Directions given with teacher out of room. Demonstrates hidden agenda, looking for clues, and active listening
E. Large group discussion of role play
F. Forced field analysis in support groups
   Process:
   1. Fill out form individually while in group
   2. Describe main restraining force to support group. Get feedback from group
G. With group: How to proceed toward goal
H. Wrap Up

STAFF/CONSULTANTS

Harvey Caplan, M.D., University of California San Francisco
Harris Clemes, Ph.D., Clinical Psychologist
Nathalie Hawley, M.S.W., Education Director Planned Parenthood/World Population
Bob Newell, M.A., Oakland School District
Julie Roseman, M.P.H., Health Educator, VD Clinic, San Francisco Dept. of Public Health
Janet Weinberger, M.S., Administrative Assistant, Project Teen Concern

PROJECT TEEN CONCERN

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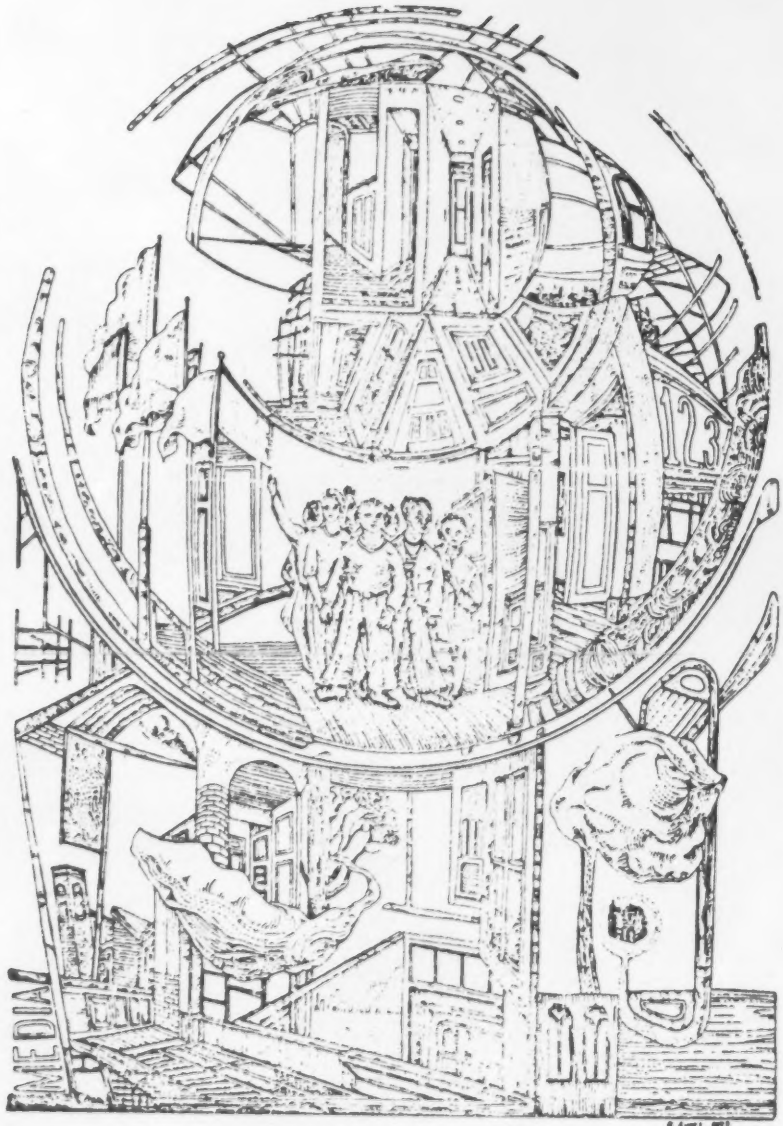
WHO'S SID SIMON AND WHAT'S ALL THIS ABOUT VALUES CLARIFICATION?

by Michael Mears



"Which would you least like to be: a rifleman firing point blank at the charging enemy; a bomber on a plane dropping napalm on an enemy village; a helicopter pilot directing a naval bombardment of enemy troops?"

Education did not prepare us for choosing our personal set of values. It did not teach us to decide when an action is right and when it is wrong. It did not give us the necessary training and equipment to make conscious value decisions. As a result there is considerable confusion about what is right and what is wrong and a gaping discrepancy between what we say and what we do.

The clearer we are about values, the more able we are to make choices and initiate action. The less clear we are, the more confused our lives are.

"You have been active in the Civil Rights movement. At a dinner party you attend, two guys spend a half hour matching each other with race jokes. What would you do?"

Do you know what you value? Are you sure? Are your choices and actions consistent and in harmony with your feelings and beliefs?

"You've raised your son not to play with guns. Your rich uncle comes for a long-awaited visit and, of course, he brings your son a .22 rifle with lots of ammunition. What would you do?"

What values do you hold dear? Which would you die for? Which are you proud to believe and willing to publicly affirm?

The United States of America. We were taught to love her. Would you die for her? Would you give up a son to defend your country from the Red menace or from tyranny? Would you be willing to die for your political freedom?

Religion. We were taught to believe in God and the church. Do you prize your religious beliefs? Would you give 20% of your salary to the church? Would you die before you would give up your religious freedom?

Personal Honesty. We learned how important it was to be honest. Have you ever cheated on your income taxes? Have you ever made personal phone calls on the office or school telephone? Did you ever lie to your father?

Equality. It was hammered into us all the time. Would you forfeit half your annual salary to insure someone else a career equal to your own? Would you bus your child to a school inferior to that in your neighborhood? Do you believe in interracial marriage? For yourself?

We articulate particular values but often act contrary to what we say we value. Why the double standard? Because we're hypocrites? Maybe.

But maybe it's more that the values we claim to hold dear have been imposed on us from tradition, and because they were imposed—and we did not freely and consciously determine them ourselves—we don't really believe them, or cherish them—or we are confused about them.

Recently I have come across the work being done by the creators of a relatively new teaching method they call Values Clarification. The substance of this article and the exercises and strategies that appear with it are taken from two books: *Values and Teaching* by Louis Raths, Merrill Harmin, and Sidney Simon, and *Values Clarification* by Sidney Simon, Leland Howe, and Howard Kirschenbaum. Reduced to a simple statement, the authors have developed a systematic procedure and reproducible method for equipping students with an intellectual and emotional approach for examining and developing values.

In *Values and Teaching* the authors outline seven traditional ways used to develop values:

1) ***Setting an example.*** Pointing to good models in the past or present, such as Washington's honesty or the patience of Ulysses' wife.

2) ***Persuading and Convincing.*** Presenting arguments and reasons for accepting one set of values over another.

3) ***Limiting Choices.*** Giving choices only among values we accept, such as asking children to choose between washing the dishes or scrubbing the floors.

4) ***Inspiring.*** Dramatic or emotional pleas for certain values. Models of behavior associated with the value.

5) ***Rules and Regulations.*** Using rewards and punishment to reinforce certain behavior.

6) ***Cultural or Religious Dogma.*** Presented as unquestioned wisdom or principle, such as saying that something should be believed because "our people have always done it this way."

7) ***Appeals to Conscience.*** Arousing feelings of guilt if one's conscience doesn't suggest the right way.

The main point the authors make about helping children develop values is that although traditional methods have been useful, in many instances these methods have not resulted in deep commitments.

They're right. We say one thing and do another. No formal, procedural, systematic method was ever used by *our* teachers or families to help us arrive at a set of values chosen through thoughtful examination of alternatives. Traditional methods have always been used, the authors say, because no clear alternative has ever been suggested.

This may account for some of our personal and collective confusion. Why we struggle to be successful and wealthy, then realize it's not at all what we wanted. Why there are so many cases of divorce and unhappy marriage. (Did married women freely arrive at that set of values which declared that a woman's purpose in life was to marry a good man as soon as possible, and have a family—as soon as possible? Were women assisted by family and school to think carefully, weigh alternatives, and then accept or reject that set of values? I doubt it.)

> Out of . . . uncertainty and confusion, it has come to pass that our schools can hardly stand for a single set of values . . . If someone was for something, someone else was against it, and to avoid controversy, schools began to stand for nothing. Teachers turned toward "teaching the facts." If controversy was to be troublesome, one should stay away from it . . . Moral, ethical, aesthetic values were quietly abandoned as integral parts of the curriculum. Thus the gap widened between what we *said* the schools were to foster and what was actually taught. (*Values and Teaching*)

The irony, of course, is that values are taught every day anyway—the subjects individual teachers choose to teach and their emphasis on the subject; the students whom teachers like (and show it), those they don't like (and show it); the rules and regulations that maintain an organized, functioning school. Inherent in all that defines schools is a set of imposed values.

But the schools stay very quiet about this as if nothing should be said. They tacitly assume that students know the score. They know the rules, and know what's right and what's wrong according to the system. Therefore they will arrive at an adequate set of values through the traditional methods.

Indeed. Just as we did when we were in school. We knew it was wrong to smoke in the lavatory, but we did it

VALUES CLARIFICATION STRATEGIES

*These examples are from the two books mentioned in the article, **Values Clarification** and **Values and Teaching**. They are offered to interest you in searching for further information and strategies for using valuing techniques in your teaching and your life. Try them on yourself, your family, and your friends.*

Twenty Things You Love To Do

Students are asked to write the numbers 1 - 20 down the middle of a sheet of paper. The teacher then instructs students to make a list of 20 things in life they *love* to do. The teacher should draw up his own list as well. It's acceptable if students have less or more than 20 items.

When the lists are done, the teacher tells the students to use the left-hand side of their papers to code the lists in the following manner by placing:

a dollar sign ($) beside any item that costs more than $3.00 each time it is done. (Amount can vary.)
the letter A beside those items the student prefers to do alone.
a P next to those he prefers to do with other people and AP next to activities he enjoys doing equally alone or with other people.
a PL beside those items that require planning.
N5 beside those items which would not have been listed 5 years ago.
numbers 1 - 5 beside the 5 most important items. The best loved should be numbered 1, the second best 2, and so on, the day and date last engaged in next to each item.

The list can be expanded to include other elements. One strategy can be repeated several times a year.

The Values Grid

This strategy will illustrate that few of our beliefs or actions fit the seven requirements of the valuing process. The activity indicates steps to take to develop stronger and clearer values.

Construct and pass out, or ask students to construct, a values grid as shown below:

Issue	1	2	3	4	5	6	7

Now, with your students, name some general issues such as Vietnam, water pollution, population control, abortion, race relations, bussing, or any others.

The students list the issues on the lines under *issue*. Next to each general issue each student is to write a few key words that summarize for him his position on that issue.

The seven numbers in the columns on the right-hand side of the paper represent the following seven questions:

1) Are you *proud*; do you prize or cherish your position?
2) Have you *publicly affirmed* your position?
3) Have you chosen your position from *alternatives*?
4) Have you chosen your position after *thoughtful consideration* of the pros and cons and consequences?
5) Have you chosen your position *freely*?
6) Have you *acted* on or done anything about your beliefs?
7) Have you acted with *repetition*, or consistency on this issue?

The teacher can read these seven questions to the students, or write them on the board, or the students can write the key words (those underlined) at the top of each column. The students then answer each of the seven questions in relation to each issue. If they have a positive response to the question on top, they put a check in the appropriate box. If they cannot answer the question affirmatively, they leave the box blank.

It should be pointed out that students are not being called on to defend the context of their beliefs. They are evaluating how firm their convictions are and how they arrived at them.

Values Voting

Voting is a simple procedure that allows every student to make a public affirmation on a variety of issues. Voting helps students see that others often see issues differently. It's an excellent way to introduce specific values issues into the classroom. Short voting lists are the best. Once they are familiar with the procedure, students can make up their own voting lists. (Remember, you vote too, but to keep from influencing the vote, hold yours until a split second after most students have committed themselves to a position.)

Procedure:

Read aloud questions that begin with the words, "How many of you.....?" After each question, the students take a position by a show of hands.

those in the affirmative raise their hands.
those answering negatively point their thumbs down.
those undecided fold their arms.
those who want to pass take no action at all.

The following is a sample list designed for secondary students. Preface each of the following questions with the statement: "How many of you...?"

1) think teenagers should be allowed to choose their own clothes.
2) will raise your children more strictly than you were raised.
3) watch TV more than 3 hours a day.
4) think the most qualified person usually wins in school elections.
5) think there are times when cheating is justified.
6) could tell someone they have bad breath.
7) think going steady is important in order to achieve social success.
8) regularly attend religious services and enjoy it.

Check *Values Clarification* for further examples and explanations.

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1 *Values and Teaching: Working with Values in the Classroom*. Louis E. Raths, Merrill Harmin, Sidney Simon (Columbus, O.: Charles E. Merrill, 1966).
2 *Values Clarification: A Handbook of Practical Strategies for Teachers and Students*. Sidney B. Simon, Leland W. Howe, Howard Kirschenbaum. (New York: Hart Publishing, 1972).

anyway because in our eyes it wasn't really wrong and the teachers were in the lounge smoking to their hearts' contents. We knew it was wrong to neck in the back seat of the old man's Mercury, but we did it anyway because it wasn't wrong to us. There was never any question in our minds that all men were created equal and were to be treated that way, but we knew some of us were teacher favorites and received preferential treatment. And of course, none of us dated Negroes (even though we might vote them President or Secretary of the class).

So what emerged from our education was a mass of confused adults, who now proceed through life with certain intentions and purposes not always consistent with what we were "taught" by our parents and schools. That was the way it was, and that's the way it still is. Only more so. Growing up for me and most of my aquaintances was painful, but I'll wager that the unsettled, conflicting feelings inside me at the time weren't even close to the confusion and apathy of today's average high school student.

At least when I was in school the world was a little less fractious than it is now. It wasn't such a twisted, tangled mess. Radio, television, books, magazines, comics, newspapers. Too much information. Too many alternatives to choose from. Too many different life styles, cultures, points of view and models. Not only is the student faced with the unmanageability of vast technical data and information ricocheting everywhere, but he's forced to explore his world without coherent training in how to do it. Freedom? The freedom to become crippled by uncertainty because there is too much to choose from and no clear way to choose, or because the traditional methods insist on a value system so obviously at odds with reality that accepting it means accepting yourself as a hypocrite. And you are drowning in an unprecedented bog of national and international events that demand taking a stand.

Maybe our lack of a specific method for clarifying and defining our values has resulted in the double standard that hangs over our country like a bad odor. Maybe because we have never known a means for finding out for ourselves what

Rank Order

This strategy serves to help students in choosing among alternatives and affirming, explaining and defending their choices. It demonstrates that many issues require more consideration than we tend to give them.

Explain to the class that you are going to ask questions that will require their making value judgments. Give three or four alternative choices and ask students to rank order the choices according to their own value preferences.

Read a question. Write the choices on the board and call on six or eight students to give their rankings; first, second, and third choice. Any student may "pass" if he chooses. After the students respond, give your own rankings. Follow with a class discussion, with students explaining their choices and their reasons for the choices.

Sample Rank Order Questions

The following sample questions apply to secondary students and adults:

1) Which of these would be most difficult for you to accept?
___ the death of a parent
___ the death of a spouse
___ your own death

2) How would you break off a three year relationship with someone you have been dating steadily?
___ by telephone
___ by mail
___ in person

3) Which would you prefer to give up if you had to?
___ economic freedom
___ religious freedom
___ political freedom

4) If you needed help in your studies, who would you go to?
___ your friend
___ your teacher
___ your parent

5) During a campus protest where would you most likely be found?
___ in the midst of it
___ gaping at it from across the street
___ in the library minding your own business

6) Which would you least like to be?
___ a rifleman firing point blank at the charging enemy
___ a bomber on a plane dropping napalm on an enemy village
___ a helicopter pilot directing naval bombardment of enemy troops

Public Interview

This strategy gives a student the opportunity to affirm and explain his or her stand on various value issues. It is one of the most dramatic strategies and one of the students' favorites. It's especially useful at the beginning of the year for helping students get acquainted on a personal basis. Keep the interviews brief—five to ten minutes at the most.

Procedure:

Ask for volunteers who would like to be publicly interviewed about some of their beliefs, feelings and actions. The volunteers sit in the front of the room or at your desk. You move to the back of the room and ask your questions from there. Review the ground rules with the class. You can ask any question about any aspect of his life and values. If the student chooses to answer the question, he must answer honestly.

The student has the option of passing if he doesn't wish to answer one or more of the questions. The student can end the interview at any time by simply saying, "Thank you for the interview." At the end of the interview, the student can ask the teacher any of the same questions put to him.

Sample Interview Questions

These suggestions are chosen from a large list of questions in *Values Clarification*. They serve as examples for general use with secondary students.

1) Do you watch much TV? How much?
2) What is your opinion on bussing?
3) Do you believe in God?
4) How do you feel about grades in school?
5) What did you do last night?
6) What do you think you will do about your parents when they get old?
7) What books have you read that you liked?
8) Would you bring up your children differently from the way you are being brought up? What would you change?
9) What would you consider your main interests in life?
10) Did you ever steal something? When? How come?

As you become adept at conducting the interview, you might suggest that the students select the topic they would like to be interviewed about.

we truly cherish, we allow ourselves the self-images that send us into poll booths to vote for men of sometimes obvious dishonesty, among other questionable attributes. In other words, maybe it's not just that we accept political corruption, but that the corruption too, results from the conflicting, two-sided values we all have learned.

He [the student] is surrounded by repetitious statements pledging a dedication to peace, and all around him are signs of war. He is told we must be militarily strong; might is at least as important as right. In school and out of school, our country is held up to him as a model of equal rights before the law. He also receives reports over and over again that Negroes in our culture do not receive equal rights. But he is so accustomed to duplicity that he very often does not wonder how this can be so. (*Values and Teaching*)

The developers of Values Clarification have created a method that helps us look deeper into ourselves and make judgments. Their approach does not suggest instilling any particular set of values in students. Quite the opposite. The values clarification approach is based on the premise that only if students make their own choices and evaluate the consequences, can they develop adequate and firmly defined values for themselves.

They do not suggest that students be left alone to make up their own minds either. They do suggest that techniques and strategies for examining and determining values can be applied to any learning situation and will result in students being able to sort out their feelings, attitudes and behavior.

They have not only developed an approach to teaching a process of valuing, but they have also created over the years nearly a hundred individual strategies and exercises that can be used alone, or in conjunction with other subject matter—history, cross-cultural studies, current affairs issues, etc.

The authors contend, emphatically, that the process of freely and consciously developing a method for defining and redefining themselves will contribute greatly to students' sense of security and purpose in life. In their words:

If children are helped to use the valuing process . . . we assert they will behave in ways that are less apathetic, confused, and irrational and in ways that are more positive, purposeful, and enthusiastic.

Sane men make that claim. Academic types. They researched, they applied, they tested. They demonstrated. And they arrived at their conclusions from actual classroom experience.

Audacity. Claims like theirs better be examined closely. Exactly what do they mean? In *Values and Teaching*, the authors say that, "a value represents something important in human existence, a set of *beliefs* and *actions* in relation to one's social and physical environment."

Values change, the authors say, because our social systems and the events and demands of the world change. To be able to re-examine values periodically and to have a specific process for confronting conflicts is an essential part of living, just as knowing the basic rules of a particular field is a necessary prerequisite for working in and maintaining competency in that field.

We all need a center within ourselves to focus on for social and mental balance, upon which we can grasp tightly for

Time Journal

Ask each student to keep a chart of one week's activities, a column for each day, and each day broken down into half-hour blocks. Ask students to record where time went for the week. Remind students that it is a personal record; you will not see it. Ask students to review the sheet at the end of the week with these questions in mind:

- How much time did you spend doing what you value?
- How much time did you spend doing what you didn't value? How did you waste time?
- What gave you the truest gratification?
- Were there inconsistencies between what you say you like to do and what you really do?
- How would you spend a 25th hour in each day?

Proud Whip

Proud Whip provides a simple and rapid means for students to become aware of the degree to which they are proud of their beliefs and actions. The strategy will also encourage them to do more things in which they can take pride.

Emphasize that the type of pride called for is not boasting or bragging but the pride that means, "I feel really good about ' or "I cherish" this aspect of my life. Be supportive of those who pass.

Procedure:

Ask students to consider what they have to be proud of in relation to a specific area or issue. Whip around the room calling upon students in random order. Students respond with the words, "I'm proud of. . . . . " Any student may pass if he chooses.

Sample Questions

1) What is something you are proud of that you can do on your own?
2) What is something you are proud of in relation to many?
3) What are you proud of that has to do with school?
4) What are you proud of about your gift giving?
5) What is something you have written that you are proud of?
6) What are you proud of in relation to your family?
7) What is something you have done about the ecology issue that you're proud of?

security. That center is the home of our values. But, "Each person has to wrest his own values from the available array . . . values that actually penetrate living in intelligent and consistent ways are not likely to come any other way."

Students should learn how to examine the world over and over again in quest of what is right and what is wrong, to be able to re examine their values as the world changes and their lives change. It's important to note that Values Clarification responds to many of the problems and decisions that face students every day. It doesn't just deal with profound or abstract issues.

A typical example of a teacher exercising this approach is illustrated in the following discussion with a student. It's reprinted in its entirety from *Values and Teaching*:

John: If you let in too many immigrants it just makes it tough for everyone else.
Teacher: Tough in what way, John?
John: Well, they work so much cheaper that a decent American can't get a job.
Teacher: Can you give me an example of that happening, John?
John: Well, I went to this supermarket which had an advertisement, but this kid with an accent got there first.
Teacher: And he was willing to work cheaper?
John: Well, I don't know for sure.
Teacher: What did you feel when you found out that you didn't get the job?
John: Boy, was I mad.
Teacher: Would you have been mad, say, if Peter over there had gotten the job?
John: I guess I would have been just as mad at anybody, because I really needed that job.
Teacher: Have you tried any of the other markets? Maybe we could make a list of them together and you could check them out one at a time.

The teacher in this dialogue worked under the assumption that the statement about immigrants, although obviously not entirely innocent, was triggered more by John's frustration over not getting the job he needed. At another time, in another context, the teacher may well pursue the prejudice expressed.

Not me. I probably would have pounced on him at the start, thereby eliminating any possibility of working with the student and helping him arrive at certain conclusions. I might have made John wish he had never brought up the subject.

The Values Clarification approach consists of more than being able to adapt specific teaching procedures to fit your needs. It's a way of thinking, that absorbs your entire attitude to teaching—how you handle discussion situations, how you handle a one-to-one dialogue with a student, how you deal with confrontation. It's an outlook based on trust, understanding, suspended judgment and the belief that if children are taught a process of valuing, they will choose wisely.

The authors say getting started won't be easy (just what you wanted to hear). One reason it won't be, they say, is because much of your behavior as a teacher is a subconscious result of past experiences rather than of conscious decisions. But, if you read the books and try at least the few exercises reprinted here, you may well be left with the same sensation I have experienced—a feeling that I have discovered the obvious and now have a pocket-full of things I can carry around and apply to my teaching, and my life.

Media & Methods
March 1973

SAMPLE ANNOUNCEMENT FORM

PROJECT TEEN CONCERN

OF THE

San Francisco Unified School District

announces

VENEREAL DISEASE AND PREMATURE PARENTHOOD PREVENTION

An inservice program for individuals concerned about Junior High School students; teachers, counselors, pupil services personnel and nurses.

About Project Teen Concern

-State and San Francisco health authorities state that VD is epidemic, and project that 1 out of 10, and in some communities, 1 out of 2 minors, now have or will become infected within the next year or two, with gonorrhea, if the epidemic cannot be controlled.

-VD education no later than the 7th grade is encouraged by new state law. Teachers need preparation which, for financial reasons, the District at present is unable to provide.

-In 1970, there were 45,000 illegitimate births in California. 43% of illegitimate births were to teenage mothers.

-Project Teen Concern is a program funded by the Department of Health, Education and Welfare. Its purpose is to make more effective the discussion of VD and premature parenthood prevention. Opportunities for developing competence will be offered to the following:

-certificated personnel, Elementary and Secondary, to communicate effectively with adolescents and pre-adolescents about responsible decision making particularly related to human sexuality, and the prevention and control of VD and premature parenthood

-parents and community, to communicate effectively with their own children and other adults in the above areas

-students, on school sites, through involvement in classroom and/or small group learning situations

Dates

The educational program for certificated personnel consists of 4 consecutive meetings on Saturday mornings from 9 a.m. to 1:00 p.m. for a total of 16 hours. The dates for the course are: April 20, 27, May 4, 11, 1974.

For information regarding programs for parents and community, students, and other programs for certificated personnel, contact the Project Director.

Location of Training

George Washington High School
Bungalow T-7
30th Avenue and Anza Street
San Francisco

Options for Credit and Stipend

Participants may select one of the following options:

-one (1) semester unit upper division credit from California State University; $9.00 payable by the participant to the University; upon satisfactory course completion, participants will receive a stipend of $30.00 from the Project to help defray expenses

-one (1) SFUSD non-college inservice credit; $30.00 stipend upon satisfactory course completion

-no university or inservice credit; $30.00 stipend upon satisfactory course completion

Enrollment

Interested certificated personnel may obtain an application blank from the Project Director (address on page three).

Applications should be sent to the Project Director as soon as possible.

Forty-four applicants will be selected for each class. Applicants accepted will be notified by mail.

Evaluation

Evaluation and revision of the program will be carried out under the direction of outside, professional evaluators.

Post-training Plans

-Personnel who satisfactorily complete the 16 hour program will be encouraged, but not required, to give instruction and/or counseling to their students within the school day and wtihin appropriate settings in the regular curriculum.

-Selected qualified personnel who are willing to teach after school groups of volunteer students to become paid peer leaders in school site or neighborhood Information-Referral centers will be paid at a rate of $7.00 per hour for a minimum of 6 and a maximum of 10 hours.

Cooperating Agencies

Bay Area Venereal Disease Association, Inc.

California State University, Hayward

California Congress of Parents and Teachers, San Francisco Second District

Human Rights Commission of San Francisco

Planned Parenthood/World Population, Alameda-San Francisco

San Francisco Department of Public Health

San Francisco Medical Society

Project Director

Mrs. Joan Haskin, Director
Project Teen Concern
San Francisco Unified School District
135 Van Ness Avenue, Room 213A
San Francisco, CA. 94102
Phone: (415) 863-4680, Ext. 300

APPLICATION FOR ENROLLMENT IN PROJECT TEEN CONCERN
April 20, 27, May 4, 11, 1974

Mr.
Ms. _____ _____ _____
Last name First Initial School School Phone

Home address _____ Home Phone _____
No./Street City Zip

Social Security Number _____

Position: Teacher _____ What subjects? _____
Pupil Services _____ Job Title _____
Nurse _____

Credit/stipend option selected (check only one):

____1. University credit and $30.00 stipend (participant pays CSUH tuition)

____2. S.F.U.S.D. inservice credit (one unit) and $30.00 stipend

____3. $30.00 stipend and no credit

State briefly why you are interested in this program (use other side of paper or separate sheet).

Principal or work supervisor's signature _____

Mail to: Mrs. Joan Haskin
Project Teen Concern
San Francisco Unified School District
135 Van Ness Ave., Room 213A
San Francisco, CA. 94102

PROJECT TEEN CONCERN

Do you wonder how you can help young people make responsible decisions as they become increasingly independent?

Do the changes adolescents go through sometimes confuse you?

Would you like to be able to talk more easily with students about sensitive subjects like sex and venereal disease?

Do you wish you knew more facts yourself about venereal disease and human sexuality?

Are you alarmed about the growing numbers of teenagers who have -- or will get -- venereal disease?

Are you concerned about teenage pregnancy?

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN MAYBE YOU'D BE INTERESTED IN...

What is Project Teen Concern?
It is a 16-hour inservice training program for individuals concerned about Junior High School students: teachers, counselors, pupil services personnel and nurses.

Who runs the training program?
The program has been organized by the San Francisco Unified School District, and is led by professionals in various fields. The program is funded by the Department of Health, Education and Welfare.

Where is the program given?
The course is given at:
George Washington High School
Bungalow T-7
30th Avenue at Anza Street
San Francisco

When is the program given?
The course meets on four consecutive Saturday mornings from 9:00 A.M. to 1:00 P.M., and will be given several times:

- November 3, 10, 17, and December 1, 1973, or
- February 23, March 2, 9, 16, 1974, or
- April 20, 27, May 4, 11, 1974

Can I receive credit for the course?
Yes. You may receive either 1 semester unit of upper division credit from California State University ($9 payable to the University), or 1 unit of SFUSD non-college inservice credit.

Do I have to pay anything to attend the course?
No. You will receive a stipend of $30.00, as long as you attend all four meetings of the course. The stipend is available regardless of whether or not you choose to receive credit for the course.

Who can apply for the program?
All certificated personnel involved with Junior High School students.

HOW DO I APPLY FOR THE PROGRAM?
Either call Project Teen Concern, 863-4680, Ext. 300, or fill out the tear-off below and send it to:

Joan Haskin, Director
Project Teen Concern
San Francisco Unified School District
135 Van Ness Ave., Room 213A
San Francisco, CA. 94102

Please send me an application to the next Project Teen Concern program for certificated personnel.

Name _____

Home Address _____

_____

Home Telephone _____

School _____

COURSE OUTLINE

California State University, Hayward

Session	Subjects	Activities	Leadership
1 (4 Hours)	Valuing and Decision Making -Influence of moral, ethical and spiritual values on behavior and decision making -Recognition of cultural and ethnic determinants of human behavior -Implications for school instruction	-Lecture-discussion regarding theoretical background of valuing processes -Group participation in activities illustrating strategies of value clarification and determination -Evaluation regarding classroom implementation	Robert Newell, M.A. Representatives of major faiths Project staff
2 (2 Hours)	Normal Adolescent Development -Physiological and emotional changes -Masculinity and femininity -Roles and stereotypes -Community resources -Implications for classroom instruction	-Lecture-discussion regarding didactic aspects -Review and evaluation of instructional materials -Evaluation regarding classroom implementation	Harvey Caplan, M.D. Tom Clark, M.S.W. Planned Parenthood/World Popula staff Project staff
3 (2 Hours)	Human Reproduction -Male and female anatomy - Reproduction -Preventing unwanted parenthood -Implications for classroom instruction	-Lecture-discussion regarding didactic aspects -Review and evaluation of of instructional materials -Evaluation regarding classroom implementation	Martin Gershman, M.D. Elaine Grady, M.S.W., Coordinat Special Service Centers, S.F.U.
4 (2 Hours)	Venereal Disease -History -Epidemiology -Prevention, treatment control -Community resources -Implications for classroom instruction	-Lecture-discussion regarding didactic aspects -Review and evaluation of instructional materials -Evaluation regarding classroom implementation	Erwin Braff, M.D., Chief of Communicable Diseases, S.F. Hea Department Ellis Mitchell, M.D., President S.F. Dermatological Society

SAMPLE COURSE OUTLINE AS SUBMITTED TO CAL STATE HAYWARD

APPENDIX E, CHAPTER IV

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Session	Subjects	Activities	Leadership
5 (4 Hours)	Communication Skills -Youth-parent-teacher communication -Pressures on youth, family and society -Conflict and crisis management -Cultural and ethnic influences -Implications for classroom instruction	-Role playing -Psychodrama -Micro-labs -Evaluation regarding classroom implementation	Rinna Flohr, P.S.W., Deputy Director, Division of Special Programs, Community Mental Health Services, Department of Public Health Gerald West, Ph.D., Associate Professor of Counseling, California State University, S.F.
6 (2 Hours)	Teaching Aids: Survey and Evaluation -School and community resources -Implications for classroom instruction	-Panel/symposium of representatives of community resources -Instructional aids: preview and evaluation -Evaluation regarding classroom implementation	Eugene Huber, M.A., Health and Family Life Education, S.F.U.S.D.

This outline applied to Cycles I and II; Cycles III, IV, and V reflect the change from six to four sessions.

Credit for Cycles IV and V was given through San Francisco State University.

FAMILY PLANNING

Blackman's Free Clinic 689 Mc Alister	563-7878
Canon Kip Community House 705 Natoma (at 8th)	626-2951
Children's Hospital 3700 California (Cherry)	387-8700
District Health Center #1 3850 - 17th St.	558-3905
District Health Center #2 1301 Pierce (Ellis)	558-3256
District Health Center #3 1525 Silver Ave.	468-3664
District Health Center #4 1490 Mason	558-3158
District Health Center #5 1351-24th Ave.	558-3246
Everyman's Free Clinic 120 Church St.	861-8883
Family Health Project 1101 Masonic	863-2790
Hunter's Pt./Bayview Community Health Services 1641 LaSalle	648-0241
Mission Neighborhood Helath Center 240 Shotwell	552-3870 Ext. 279
Mt. Zion Hospital 1600 Divisadero	567-6600
Planned Parenthood 2340 Clay (Webster)	922-1720
S.F. General Hospital 22nd and Potrero	648-8200
St. Luke's Hospital 3555 Army (Valencia)	647-8600
U.C. Medical Center Third & Parnassus	666-1112
Urban Indian Health Board 56 Julian St.	863-8111
Women's Need Center 558 Clayton	621-1003

SWITCHBOARDS

The Crisis Line	673-6799
Fishline Switchboard	346-6600
Haight-Ashbury Switchboard	387-7000
Project Teen Concern	863-4680 Ext. 300
Sex Information Line	665-7300
S.F. Women's Switchboard	771-8212

PREGNANCY COUNSELING

Birthright 50 Oak St.	863-0800
*Canon Kip Community House - 705 Natoma	626-2951
*Children's Hospital 3700 California	387-8700
Chinatown-North Beach Family Planning Educational Services 511 Columbus Ave.	362-5728
*District Health Centers #1-#5 (See Family Planning)	
*Family Health Project 1101 Masonic	863-2790
*Fort Help 199 Tenth Street	864-
*Hunters Communi 1641 LaS	
*Mission N Health Ce 240 Shotwe	
*Mt. Zion Ho 1600 Divisad	
*Planned Paren 2340 Clay St.	
*S.F. General Hc 22nd and Potrer	
*St. Luke's Hospi 3555 Army (Valenc	
*Urban Indian Health Board - 56 Julian	863-8111
Women's Health Collective	282-6999
*Women's Need Center 558 Clayton	621-1003

*Also do pregnancy tests

EDUCATIONAL SERVICES

Chinatown-North Beach F ly Planning Educational S ces 511 Columbus Ave.	362-5728
City VD Clinic 250-4th Street	558-3804
Hunters Pt./Bayview Community Health Services 1641 LaSalle	822-3130

PREGNANCY TESTS

Cathedral Hill Medical Center 1801 Bush St.	567-6100
Haight-Ashbury Free Clinic 558 Clayton	431-1714
St. Mary's Hospital Hayes and Stanyan	752-4000

VD TESTS

Blackman's Free Clinic 689 McAlister	563-7878
Canon Kip Community House 705 Natoma	626-2951
City Clinic 250-4th Street (Howard)	558-3804
's Hospital fornia	387-8700
ealth Centers #1 - #5 y Planning)	
Free Clinic Street	861-8883
Project	863-2790
Free Clinic	431-1714
iew Community	648-0241
eighborhood Health enter - 240 Shotwell	552-3870 Ext. 279
Planned Parenthood 2340 Clay St.	922-1720
S.F. General Hospital 22nd and Potrero	648-8200
St. Luke's Hospital 3555 Army (Valenica)	647-8600
U.C. Medical Center Third and Parnassus	666-1112
Urban Indian Health Board 56 Julian St.	863-8111
Women's Need Center 558 Clayton	621-1003

NOTE:

1. Be sure and ask if there is any charge for the service.
2. All addresses shown are in San Francisco
3. Appointment hours vary. Be sure and call before going to the clinic.

SAMPLE

TEACHERS RESOURCE GUIDE TO

-Family Planning Services
-Pregnancy Counseling
-Pregnancy Tests
-VD Tests
-Pre and Post Natal Care
-Community Switchboards
-Educational Services

RESOURCE MATERIALS

Certificated Training Program

BOOKS

Group for the Advancement of Psychiatry. Normal Adolescence. New York: Charles Scribner's Sons, 1968.

Katchadourian, Herant. Human Sexuality: Sense and Nonsense. Stanford, California: Portable Stanford, 1972.

BOOKLETS

Facts You Should Know About VD...But Probably Don't. Metropolitan Life Insurance Company, 1971.

A Guide to the Methods of Postponing or Preventing Pregnancy. Raritan, New Jersey: Ortho Pharmaceutical Corporation, 1971.

The How-Not-To-Book. New York: Julius Schmid Pharmaceuticals, 1971.

How to Take the Worry Out of Being Close (The Egg and Sperm Handbook). Oakland, California: Pacific Rota Press, 1971.

Venereal Disease: America's Modern Plague. Fairfield, Connecticut: McKesson Laboratories, Inc., 1972.

Venereal Disease Information for Educators. California State Department of Public Health.

Venereal Disease Information for Students. California State Department of Public Health, 1971.

PAMPHLETS

"Babies Aren't Found Under a Cabbage Leaf." North Kansas City, Missouri: Dean Rubber Company.

"Facts About VD." San Francisco, California: Aronab Products.

Health Tips. "Alarming Rise of Venereal Disease." California Medical Society.

Health Tips. "Gonorrhea: California's Major Health Menace." California Medical Society (available in Spanish and English)

"Stop VD with the Facts!" New York: Pfizer Laboratories (available in Spanish and English).

ARTICLES

Cutright, Phillips, "The Teenage Sexual Revolution and the Myth of an Abstinent Past," Family Planning Perspectives, January, 1972.

Jones, Faustine, "The Lofty Role of the Black Grandmother," The Crisis, January, 1973.

Kantner, John F., and Zelnik, Melvin, "Sexual Experience of Young Unmarried Women in the United States," Family Planning Perspectives, October, 1972.

Lowry, Pamela, "Unwanted Pregnancy - Why?", Harvard Crimson, August 10, 1971.

Masters, William, and Johnson, Virginia, "Touching and Being Touched," Redbook, October, 1972.

Mears, Michael, "Who's Sid Simon and What's All This About Values Clarification?", Media & Methods, March, 1973.

"Perspectives from the Black Community," Population Reference Bureau, June, 1971.

Pretzel, Paul W. "Whales and Polar Bears," Newsletter, Los Angeles County Superintendent of Schools Office, February 2, 1970.

Raths, Louis E.; Harmin, Merill; and Simon, Sidney, "Helping Children to Clarify Values," NEA Journal, October, 1967.

UNITED FOR LIFE (all materials supplied by United For Life, San Francisco, California; none were purchased by the Project)

"Abortion is a Human Issue"

"Because We All Want to Protect Life, We Must Know When Life Begins"

Birthright Flyer

Handbook on Abortion

Letter to Schools

"To Affirm Life"

FILMS

"VD Attack Plan" (Walt Disney; also available in Spanish)

DEVELOPED BY PROJECT TEEN CONCERN

Bibliography

Teachers Resource Guide for Student Services

Training Program Objectives

MISCELLANEOUS

Billingsley, Andrew, "Maximizing Human Potential" (text of speech delivered at Annual Meetings of Planned Parenthood/World Population, San Francisco, California, October 26, 1971.)

City Clinic Information Sheet (San Francisco Department of Public Health)

Constructive Openness (Drug Education Office, Oakland Public Schools)

"Danger!" (Chinese translation of pamphlet available through San Francisco Department of Public Health)

Facts of Life in California -- 1973 (PERCC)

"Kathy is 9" (Community Sex Information and Education Service, Inc.)

Letter from a Boy (Parent Effectiveness Training)

Old Woman/Young Woman (sketch; Sonar, Communication Programs for Education)

"Using a Film to Present Information" (Family Life Education Project, California Youth Authority)

Values Based on Three Processes (Drug Education Office, Oakland Public Schools)

VD Bar Charts (California State Department of Public Health)

"Who is the Person Sitting Next to You?" (Drug Education Office, Oakland Public Schools)

Various laws and resolutions pertaining to sex education in the California Public Schools

SELECTING A RESOURCE/TRAINER CONSULTANT

Interest can be added and the training enriched by bringing in an outside expert as a speaker or trainer. In identifying this person for your program the following should be considered:

- What are your goals for this session?
  Is an outside speaker or trainer the best approach?
- Is this person known to be an expert in his/her field?
- If yes, will the speaker/expert work within your guidelines and purposes for the session. At the least this means extended telephone conversation, at best a planning session.

  Your trainer needs to know:

  -Amount of time reserved.
  -Who are the participants and what have they received before in this area?
  -Overall plan and process for the session.
  -Amount of reimbursement and specific arrangements for the day (in writing).

- If you haven't heard the person yourself before, be sure to get several evaluations of the persons ability to communicate with persons of varied backgrounds, to establish rapport, and to convey knowledge.

PROJECT TEEN CONCERN

The purpose of this questionnaire is to enable us to evaluate this training format both for the S.F.U.S.D. and for HEW which is funding Project Teen Concern. One of our goals is to develop a training model that really works. Your reactions will form the basis for modifying succeeding sessions.

Name _____
Position _____
School _____

A. To what extent were your personal objectives realized in the training program? (circle one number)

1	2	3	4	5
Not at all		Neutral		As completely as possible

B. To what extent did the program, in your opinion, succeed in meeting its objectives? (circle one number)

1. Do you understand the use of value clarification?

1	2	3	4	5
Not at all		Neutral		As completely as possible

2. Can you apply valuing strategies with students?

1	2	3	4	5
Not at all		Neutral		As completely as possible

3. Are you aware of the influence of moral, ethical and spiritual values on human behavior?

1	2	3	4	5
Not at all		Neutral		As completely as possible

4. Can you recognize the psycho-social changes that occur in adolescence?

1	2	3	4	5
Not at all		Neutral		As completely as possible

5. Are you able to describe and discuss male and female reproductive anatomy and physiology?

1	2	3	4	5
Not at all		Neutral		As completely as possible

6. Are you aware of a variety of methods of preventing pregnancy and of varying attitudes about their use?

1	2	3	4	5
Not at all		Neutral		As completely as possible

7. Have you increased your knowledge of the prevention, treatment and control of venereal disease?

1	2	3	4	5
Not at all		Neutral		As completely as possible

8. Has participation in group process increased your communication skills?

1	2	3	4	5
Not at all		Neutral		As completely as possible

9. Have you increased awareness of cultural and ethnic differences that influence human behavior?

1	2	3	4	5
Not at all		Neutral		As completely as possible

10. Do you know several community resources that are available for referral of problems involving venereal disease and premature parenthood?

1	2	3	4	5
Not at all		Neutral		As completely as possible

C. Please rate each of the sessions as to <u>time</u> allotted for instruction (see page 3).

I

1	2	3	4	5
Not enough time		Right amount of time		Too much time

II

1	2	3	4	5
Not enough time		Right amount of time		Too much time

III

1	2	3	4	5
Not enough time		Right amount of time		Too much time

IV

1	2	3	4	5
Not enough time		Right amount of time		Too much time

D. Please rate each of the sessions as to how well it helped meet the objectives of the program.

			Excellent	Good	Poor
I	Introduction - Objectives	Joan Haskin			
	Valuing Strategies	Kitty Areson			
II	Venereal Disease	Julie Roseman			
	Group Process	Harris Clemes			
III	Sexuality	Harvey Caplan			
	Group Process	Staff			
IV	Trouble Shooting Clinic	Harris Clemes			
	Group Planning	Staff			

E. Please rate the following techniques on their effectiveness as teaching devices (a) in this training session and (b) whether you would use them in your student contacts. One (1) is least effective, and five (5) is most effective.

1. Value clarification strategies
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

2. Group process: your goals for speaker -- and opportunity to respond to speaker
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

3. Comfort topic discussion group
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

4. Teacher's resource packet
   (a) 1 2 3 4 5

F. Would you want to be part of a follow-up session composed of those who have completed training? If yes, what would you like to have included in the content of such a meeting?

G. An important part of the success of Project Teen Concern now rests with you. The Department of Health, Education and Welfare wants to know when, and how, you plan to work with students, assist classroom teachers, and/or become involved with community groups not on the school site.

1. Are you now working with a group of students with whom you plan to use the information and skills presented in the training sessions? Yes____ No____

If you answered no, proceed to questions 2, 3, and 4.
If you answered yes, finish question 1, and proceed to questions 3 and 4.
Number of students:_____
When do you meet? (class time, after school, etc.)_____
_____

Will any of these students be available as resource persons to adults and students on school site? Yes_____ No_____
Outside school site? Yes_____ No_____

2. Do you plan to work with a group of students when the training session is completed? Yes_____ No_____
If "no", please state why_____
_____
How large a group do you plan to work with?_____
When? (class time, after school, etc.)_____
Will any of these students then be available as resource persons to adults and students on school site? Yes_____. No_____
Outside school site? Yes_____ No_____

Do you need further consultation with the Project Director in getting started with your group of students? Yes_____ No_____
Give phone number and time when you can be reached_____.

3. Do you plan to act as a resource person to other teachers on school site? Yes_____ No_____

4. Are you associated with any community groups to whom you can give information about VD and premature parenthood and Project Teen Concern? Yes_____ No_____ Do you plan to do so?(specify)_____

Name_____School_____

Project Teen Concern

An Educational Program to Prevent Venereal Disease and Premature Parenthood

SAMPLE ACCEPTANCE MEMO

September 24, 1973

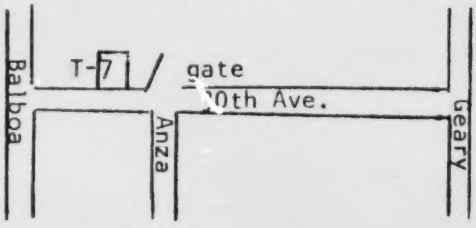
Memorandum

TO: Applicants, Project Teen Concern
FROM: Joan Haskin, Project Director

I am happy to inform you that your application for the third training cycle of Project Teen Concern has been accepted.

The dates for Cycle III are:
Four Saturday mornings - September 29, October 6, 13, and 20
9:00 a.m. - 1:00 p.m.

The sessions will be held at George Washington High School, 30th Avenue and Anza Street, Bungalow T-7. Please dress informally.



I look forward to seeing you on September 29. In order to begin the program at 9:00, I am requesting that for the first session you arrive at 8:45 to get registration and paper-work completed. If you are taking the course for university credit, please bring a check for $9.00 payable to California State University, Hayward.

If you have any further questions, call the secretary of Project Teen Concern, Janet Weinberger, at 863-4680, Ext. 300.

Cooperating Agencies

Bay Area Venereal Disease Association, Inc.
California State University, Hayward
California Congress of Parents and Teachers, San Francisco Second District
Human Rights Commission of San Francisco
Planned Parenthood/World Population, Alameda–San Francisco
San Francisco Department of Public Health
San Francisco Medical Society

San Francisco Unified School District, 135 Van Ness Ave., Room 213A, San Francisco, CA 94102 · (415) 863-4680, Ext. 300

INFORMATION PROCESSING (IP)

Goals:

To involve participants actively in the learning process.

To facilitate the speaker addressing the concerns of the participants.

To model a technique for the classroom that will involve students from the beginning.

Group Size:

Any number of small groups of four.

Time:

Ten minutes before speaker, 15 minutes following presentation.

Process:

1. The facilitator introduces the process by explaining that information processing is different than listening to a lecture. IP requires:
   -active seeking
   -active listening
   -active evaluation

2. The facilitator asks the group to divide randomly into groups of four, select a spokesperson, then discuss for ten minutes:
   "What are my concerns and questions in this area?"
   "What questions do I hope the speaker will answer?"
   Put these on the wall on butcher paper. Spokesperson relays concerns.

3. Speaker speaks 45 minutes, incorporating their questions into the presentation.

4. Participants regroup in the same groups of four for 15 minutes. They discuss:
   -What did I gain? What stood out for me?
   -What further information do I need?
   -What do I call into question?
   (Put these questions on blackboard or butcher paper.)

5. Each group writes two further questions for speaker and brings them back to large group. Write on butcher paper or blackboard for speaker.

6. Speaker then responds and wraps up session.

PRINCIPLES FOR DEVELOPING GROUP LEADERSHIP SKILLS

(Harris Clemes)

The following general principles are useful for those in a group leadership position, in order to facilitate communication, trust, and interaction.

SASE

S Structuring

Circle stimulates discussion
Starting
Stopping
Ground rules — killerstatements and put-downs
Expectations
How to talk, wait, listen
From less heavy, heavier
Your own behavior as leader

A Allowing

Keep silent; when not to answer

S Suggesting

Summarizing an area, re-phrasing, turning it back to the group: pick up on the thread.
Focus may not need to be maintained - bring person back to area of focus.

E Encouraging

"Tell me more," "elaborate," "Do you want to go further?"
Structuring - "gate keeping" important with highly verbal people.
Model openness yourself - model by sharing something you can.

APPENDIX P, CHAPTER III

Please circle the appropriate categories:

Your age range: Under 30 30 to 40 41 to 50 Over 50

Sex: Male Female

Please fill in:
Birth Month____Day____
Your middle initial____
Today's date_____

PROJECT TEEN CONCERN

QUIZ ON VENEREAL DISEASE - TEACHER TRAINING CYCLE

1. Which of the following is more likely to cause insanity?

   A. Syphilis.
   B. Gonorrhea.
   C. I don't know.

2. In which of the following ways would a woman most probably get to a doctor to be treated for gonorrhea within the shortest time after she was infected?

   A. She notices a discharge from her vagina.
   B. An infected man knows either that he became infected from her or that he may have infected her, and he tells his doctor.
   C. The infection has spread to her uterus and tubes and she has great pain.
   D. I don't know.

3. Could a person who had a chancre (the first sign of syphilis) pass syphilis along to other persons without realizing that the chancre was there or that he or she was sick?

   A. Yes.
   B. No.
   C. Not likely.
   D. I don't know.

4. One of these diseases is almost never passed from one person to another except during sexual relations, because it must enter the mucous membrane inside a body exit. The second may be passed along in other ways, because it may enter the body almost anywhere. Which of the following is correct?

   A. The first is gonorrhea, the second is syphilis.
   B. The first is syphilis, the second is gonorrhea.
   C. I don't know.

5. If a woman thought she might be infected with gonorrhea, which would be the smartest thing for her to do?

   A. Wait until someone caught it from her to make sure.
   B. Go to a doctor or a health department clinic and ask to be examined for gonorrhea.
   C. Avoid embarrassment. Go to a doctor and ask for a "complete" examination.
   D. I don't know.

6. If person A had direct contact with person B, who had infectious syphilis, which of the following could we count on as the most reliable way for A to get to a doctor and be treated for syphilis?

   A. A gets a rash and slight fever, and goes to a doctor to be treated for it.
   B. Sooner or later, A will have a blood test -- for the Army, for a job, to get married, etc., and it will show positive.
   C. B is treated for syphilis, and she tells the doctor that she either caught it from or gave it to A.
   D. I don't know.

7. For how long after he is infected with syphilis can a man pass the disease on to someone else?

   A. The first 90 days only.
   B. From 6 weeks to 6 months.
   C. Two years.
   D. I don't know.

8. If a man and woman both got infected with syphilis at the same time, and neither was treated, which could pass the disease on to anybody for the longest period of time?

   A. The man.
   B. The woman.
   C. No difference.
   D. I don't know.

9. If a husband and wife each had a blood test before getting married, and their blood tests were both "negative", would there be any reason for the wife to have another blood test after she became pregnant?

   A. Yes.
   B. No.
   C. I don't know.

10. Which of the following is true about tubal pregnancy from gonorrhea?

   A. It is a natural thing for every mature woman.
   B. It cannot be avoided.
   C. It can be avoided by prompt treatment.
   D. I don't know.

11. Which of the following statements is true?

   A. Sexual relations cause venereal disease.
   B. Venereal disease may be passed from one person to another during sexual relations.
   C. Venereal disease can be passed from one person to another only during sexual relations.
   D. I don't know.

12. A woman with untreated syphilis can pass syphilis on to her unborn baby for how long?

A. Up to two years after she's infected.
B. Indefinitely.
C. As long as she has signs of the disease.
D. I don't know.

13. Which of the following new babies should have special drops of medicine put in their eyes?

A. Those whose mothers are known to have gonorrhea.
B. Those whose mothers are known to have syphilis.
C. All new babies.
D. I don't know.

14. Most men begin to realize there is something wrong with them within which of the following time periods after they are infected with gonorrhea?

A. 2 to 6 days.
B. 1 to 30 days.
C. 2 to 6 weeks.
D. 24 hours.
E. I don't know.

15. If the first sign of syphilis appears between 10 and 90 days after infection, where could this be on the body?

A. Around or on the "sex parts" only.
B. Almost anywhere.
C. On the mucous membrane only.
D. I don't know.

16. Suppose you thought you might have syphilis. You went to a doctor and were examined. He could find nothing wrong with you. You had no signs of syphilis. Your blood test was not "positive" for syphilis; that is, it was "negative" Which of the following would be true?

A. You could be sure now that you did not have syphilis.
B. If you had syphilis, you got over it without treatment.
C. You might have syphilis.
D. I don't know.

ANSWERS TO QUIZ ON VENEREAL DISEASE

1. A.

2. B. Assuming all these things happened, B would be more likely to happen first.

3. A. Chancres are often hidden, painless and without noticeable accompanying symptoms.

4. A.

5. B. A patient often has what he thinks is a "complete" physical examination without having a culture done for gonorrhea. This is a disease difficult to diagnose in women even when the doctor is looking for it.

6. C.

7. C. This is the best answer, generally speaking, although in individual cases, the other might be correct. The important thing is that a man may be infectious through the second year.

8. B. The woman can pass it on to her unborn baby through the fifth year.

9. A. Either one could have been incubating syphilis.

10. C.

11. B.

12. B.

13. C.

14. A

15. B. Sometimes secondary syphilis is the first sign.

16. C.

APPENDIX Q, CHAPTER III

TOPIC-COMFORT QUESTIONNAIRE

Goals:

To identify areas of comfort and discomfort for teachers.

To utilize group members as support groups for each other.

To identify techniques and resources for teaching from within the participants.

Directions:

1. Introduce the questionnaire by explaining that support groups will be formed for the next session on the basis of responses to discuss areas of comfort and discomfort for each topic. Questions would include:
   -How can you teach this area?
   -What difficulties would one encounter?
   -What resources are there in teaching in this area?

2. Ask participants to complete questionnaire on following page before leaving the session.

3. Before the next session score questionnaires and divide participants into groups of 4, as much as possible having the groups represent two uncomfortable or neutral with a topic, and two comfortable.

4. At the next session, give groups their assignments with a topic and ask them to respond to questions in (1) above for 30-45 minutes. Each group to choose a spokesperson to report to larger group. Put the questions on the board.

5. Spokespersons share highlights briefly of suggestions on how to teach on this topic.

Q-III
(2)

TOPIC-COMFORT QUESTIONNAIRE

Name _____ Date _____

Phone _____ Grade Level _____

Rate each of these areas on a five point scale in terms of how comfortable you would be in teaching this particular area of human sexuality.

1 - very uncomfortable
2 - somewhat uncomfortable
3 - neutral or uncertain
4 - somewhat comfortable
5 - very comfortable

Topics:

___ Venereal Disease

___ Premarital Intercourse

___ Pregnancy Prevention

___ Physiology of Sex

___ Pornography

___ Sexual Enjoyment

___ Homosexuality

___ Masturbation

___ Abortion

Please fill in: School_____, Grade _____.

Age_____, Birthdate_____, Sex_____.

STUDENT QUESTIONNAIRE, REVISED VERSION, FALL 1974

TEEN CONCERN KNOWLEDGE INVENTORY

DIRECTIONS: This is a multiple choice test. Please draw a circle around the letter printed to the left of the answer you consider to be the BEST answer to each question. Choose a BEST answer to EACH question. If you do not know, guess. Be sure to answer every question.

1. Present day medical treatment for gonorrhea (clap), and syphilis (siff, pox, bad blood). . .

   a. does not hurt, but is not very effective.
   b. is painful, but is very effective.
   c. does not hurt, and is very effective, with little time lost from school.
   d. does not hurt, is very effective, but requires much time away from school.

2. Which of the following is the cause of gonorrhea?

   a. Sexual intercourse.
   b. Germs
   c. Sex organ strain
   d. Syphilis

3. Masturbation (playing with oneself). . .

   a. is in no way harmful to the body.
   b. causes a weakness of the body, and lack of energy.
   c. is a sign of emotional problems.
   d. can lead to homosexuality.

4. The birth control pill works because . . .

   a. it keeps the egg away from the sperm as the egg goes down the tube.
   b. it keeps the egg from being formed.
   c. it is a hormone that keeps the ovary from releasing an egg.
   d. none of the above.

5. How do human beings get syphilis?

   a. By sexual contact with an infected person.
   b. By sexual contact with a cured person.
   c. By wearing the clothing of an infected person.
   d. All of the above.

6. If someone believes a VD infection may have occurred, what should be done?

   a. Wait until some of the symptoms appear.
   b. Go to a doctor or health department and ask to be examined for venereal disease.
   c. Avoid embarrassment by asking a doctor for a physical examination.
   d. Ask a druggist for medicine to cure the blood.

7. The time when a woman is most likely to get pregnant is . . .

   a. midway between menstrual periods.
   b. the week before and the week after the menstrual period.
   c. during the menstrual period.

8. How can a pregnant woman who has untreated syphilis pass syphilis on to her unborn child?

   a. The baby inherits it.
   b. The germs pass through the placenta (where the baby is attached inside the mother) to the baby.
   c. The baby's eyes may be infected with syphilis as it passes through the birth canal.

9. Of the following possibilities, how will a woman with gonorrhea be most likely to find out she has the disease?

   a. She can tell from her own discomfort and other symptoms.
   b. A man who has sexual contact with her will notice his symptoms and may tell her, or name her as a contact.
   c. It doesn't make any difference, it will go away anyhow.
   d. There are no reliable signs of having gonorrhea in women.

10. If people are informed about VD, and cooperate with their health departments, VD

   a. can be reduced and controlled.
   b. can be reduced, but not controlled.
   c. will still remain an epidemic.

11. What is the most common result of untreated gonorrhea in both men and women?

   a. Sterility (not being able to be a mother or father).
   b. Loss of hair.
   c. Increase in acne.
   d. Nothing; it will go away.

12. The condom (rubber), when used properly, offers protection from gonorrhea ..

   a. only for the man using it.
   b. only about 50% of the time.
   c. for the woman as well as the man.

13. In the early stages of infection, a person with syphilis may notice ..

   a. nothing unusual.
   b. a low fever, swollen glands, and a sore throat.
   c. a skin sore called a chancre.
   d. any of the first three choices.

ROLE PLAY WITH A HIDDEN AGENDA

Goals:

This role play is introduced:

1. To develop counseling skills in a school setting
2. To put participants in touch with feelings of adolescents.
3. To develop skill in observing verbal and non-verbal cues.
4. To learn to give feedback in a positive context.

Group Size:

Participants group into triads. (Role play in a triad is more involved and less threatening than a role play before an entire group.)

Process:

1. Facilitator asks each member of triad to decide whether they will be (a) the teacher, (b) the student, or (c) the observer.
2. The "students" are asked to leave the room and the "teachers" are given directions for the role as follows:

   You are a social studies teacher at a conservative junior high school. You have tried to get a sex education course started and have experienced some criticism from parents and teachers in your school. The vice principal supports you but the principal's stand is unclear. One of your students has requested a conference. You have already met the mother over the sex education issue. You know she is strongly religious with definite ideas about what is right for her daughter.

3. The "students" come back and are given their directions with the "teachers" out of the room:

   You are a 14 year old girl. You like this teacher and are very interested in the class. You have made an appointment to discuss a problem. The problem you present is that you've been in love with a non-Catholic boy for two years. The boy is pressuring you to have sex and you are asking the teacher what you should do. You have been taught this is wrong, and you are afraid of your mother. Hidden agenda: What the teacher doesn't know is that you have already had intercourse, missed your last period, and are afraid you might be pregnant. When you meet the teacher, give only the first information but not about the pregnancy. Only bring up that information when you feel you can trust the teacher.

4. Directions to observers: Observers are to watch the interplay, especially to be aware of what was happening if and when the student felt she could trust the teacher and stated her real problem.

4. (continued)

   For example: What kinds of clues did the teacher give that s/he was listening?

   How did the teacher get the student to open up? What were some of the techniques?

   What happened to facilitate sharing of feelings?

   What did the teacher do when s/he was not getting across to the student?

5. At the end of role play, observer gives feedback to the 2 participants on the above questions.

6. Facilitator leads discussion with the large group on the experience of the role play.

TROUBLE SHOOTING CLINIC

Goals:

1. To identify the unspoken concerns of teachers in teaching in the area of sex education.

2. To give an opportunity for experiencing how to deal with sensitive issues.

3. To utilize the group strengths as consultants to a teacher.

Group Size:

Divide total group into small groups of 5.

Time:

30 minutes.

Process:

Facilitator has already reviewed the cards with concerns from the previous meeting. One topic of concern that emerged many times was how to handle questions on masturbation.

Facilitator explains that, in the trouble shooting clinic, participants are to act as consultants to each other on ways to handle difficult questions.

Each group of 5 is asked to consider, "How would you answer a young person who came up and asked: 'How do you masturbate?' or 'Do you masturbate?'"

Ask each group to consider differences in handling the questions if they were asked (a) in the classroom, (b) one-to-one.

Each group is to act as though they are consultants to a teacher, discuss the issues, and answer with their recommendation for the teacher in the case.

Choose a spokesperson/recorder to report back to the large group the solution.

Questions for Trouble-Shooting Clinic
(problem involving action/interaction
with students, regarding human sexuality)

1. A teenager said to me: "Most of my friends go all the way with their boyfriends, and my boyfriend wants me to, also. I don't want to lose my boyfriend but I'm afraid. My parents would kill me if they find out what we do sometimes."

2. A young girl comes to class with monkey bites on her neck and chest, wearing a low cut blouse. What does the teacher say? (there is a close relationship between teacher and girl and grandmother). Then, 2 weeks later, the grandmother tells the teacher that the girl didn't come home, she stayed at a boy's house. "But the girl is very moral and wouldn't do anything," said the grandmother. What does the teacher say? (The teacher is also her counselor).

3. I have four teenage girl students, who have crushes on me. I am single and male. These girls are 9th graders. They enjoy cutting classes, visiting me and bringing up the subject of sex (which I tend to avoid). These girls are "excellent" in my class. I am fond of them -- and I do not wish to turn them off to my class -- they are turned off by so many other classes.

4. How do you masturbate? Did you ever do it?

5. How do I discuss topics like homosexuality, when I don't feel comfortable about them?

6. Child: "Do you enjoy sex?"

7. If a student asks you if you masturbate and how.

8. Student asks you point blank: "How do you feel about pre-marital sex?"

9. How does one deal with the subject of premarital sex, etc., when one is single?

10. I don't like to be dishonest, but I would feel uncomfortable if a student asked me if I was a lesbian. I am not nervous about being lesbian and dislike hiding it, but I'm not quite ready to lose my job yet. People who are heterosexual have no qualms about admitting it, and I feel that hedging about being lesbian implies to the student that there must be something wrong with it.

11. Student: "Do you masturbate?"

12. If a student asks me in class to explain in detail how he or she can masturbate.

13. A sixth grade girl who confides that she thinks she is pregnant.

14. How do you confront a small stature boy who goes around calling his peers "faggot"?

15. How do you deal with the problem of boys who are called names because they are effeminate? They are picked on and laughed at. How can this problem be solved?

16. In elementary grades (i.e. K-6) a question was raised on the specific actions of how sperm entered mother.

17. How do I elicit responses from a class discussing premarital sex, when the class appears to be reticent, shy, and inexperienced in this area?

18. How does a teacher define homosexuality?

19. How can I help my students to be more open and accepting of different types of people and different life styles i.e. homosexuals, lesbians?

20. Getting the students to open up when talking about abortion -- most students seem to shy away or have a one-sided view. How do you get the students to see more than one view?

21. Where do you draw the line between explaining what you know is the proper thing to say about a topic in a classroom and what you really would say to your <u>own</u> children?

22. Problem arising from discussions involving 12 year old girl(s) and male teachers.

23. To enjoy sex.

FORCE FIELD ANALYSIS

Goals:

1. To provide a transition from the inservice training to the schoolroom situation.
2. To anlayze the components of a problem, identify a goal, and formulate concrete steps toward achieving the goal.
3. To utilize the strengths in the support groups for assistance in formulating the goal and the steps toward achieving it.

Size of Group:

Facilitator divides total group into support groups of 5 or 6 people by grade level and school function.

Time:

Allow ten minutes to fill out the form and five minutes for each person to work with his/her support group (30 minutes in all).

Materials:

Mimeograph the Force Field Analysis form to give out to participants.

Process:

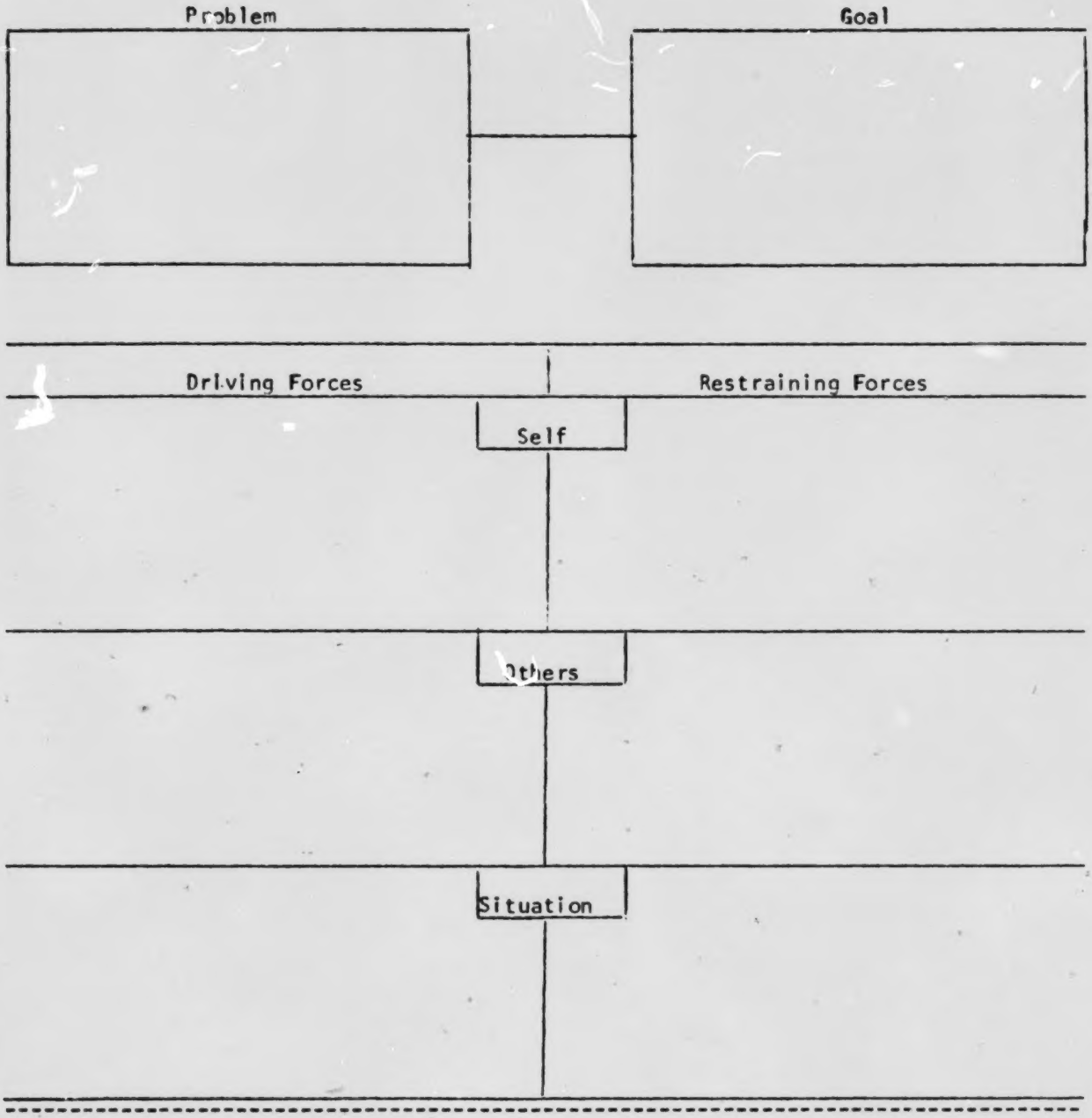
Facilitator explains the need to integrate the training experience and develop a plan before re-entering the school situation. The Force Field Analysis approach provides a way of analyzing the problems and formulating a goal and next steps. It is also a useful problem solving process. Review theory on Force Field Analysis, Appendix F, Chapter II.

Facilitator asks each person to:

1. State his/her problem and goal coming out of the workshop on the form.
2. Individually fill out the form in the group, listing the supports and constraints (blocks) in three categories: Personal, Other People, Situational.
3. Then describe the main restraining force to the support group.
4. Obtain ideas and feedback on the restraining force from the support group.

FORCE FIELD
ANALYSIS SHEET

APPENDIX W, CHAPTER III



PROJECT TEEN CONCERN

The purpose of this questionnaire is to enable us to evaluate this training format both for the S.F.U.S.D. and for HEW which is funding Project Teen Concern. One of our goals is to develop a training model that really works. Your reactions will form the basis for modifying succeeding sessions.

Name_____
Position_____
School_____

A. To what extent were your personal objectives realized in the training program? (circle one number)

1	2	3	4	5
Not at all		Neutral		As completely as possible

B. To what extent did the program, in your opinion, succeed in meeting its objectives? (circle one number)

1. Do you understand the uses of value clarification?

1	2	3	4	5
Not at all		Neutral		As completely as possible

2. Can you apply valuing strategies with students?

1	2	3	4	5
Not at all		Neutral		As completely as possible

3. Are you aware of the influence of moral, ethical and spiritual values on human behavior?

1	2	3	4	5
Not at all		Neutral		As completely as possible

4. Can you recognize the psycho-social changes that occur in adolescence?

1	2	3	4	5
Not at all		Neutral		As completely as possible

5. Are you able to describe and discuss male and female reproductive anatomy and physiology?

1	2	3	4	5
Not at all		Neutral		As completely as possible

6. Are you aware of a variety of methods of preventing pregnancy and of varying attitudes about their use?

1	2	3	4	5
Not at all		Neutral		As completely as possible

7. Have you increased your knowledge of the prevention, treatment and control of venereal disease?

1	2	3	4	5
Not at all		Neutral		As completely as possible

8. Has participation in group process increased your communication skills?

1	2	3	4	5
Not at all		Neutral		As completely as possible

9. Have you increased awareness of cultural and ethnic differences that influence human behavior?

1	2	3	4	5
Not at all		Neutral		As completely as possible

10. Do you know several community resources that are available for referral of problems involving venereal disease and premature parenthood?

1	2	3	4	5
Not at all		Neutral		As completely as possible

Please rate each of the sessions as to <u>time</u> allotted for instruction (see page 3).

I

1	2	3	4	5
Not enough time		Right amount of time		Too much time

II

1	2	3	4	5
Not enough time		Right amount of time		Too much time

III

1	2	3	4	5
Not enough time		Right amount of time		Too much time

IV

1	2	3	4	5
Not enough time		Right amount of time		Too much time

(3)

D. Please rate each of the sessions as to how well it helped meet the objectives of the program.

			Excellent	Good	Poor
I	Introduction - Objectives	Joan Haskin			
	Valuing Strategies	Bob Newell			
II	Venereal Disease	Julie Roseman			
	Group Process	Harris Clemes			
III	Sexuality	Harvey Caplan			
	Group Process	Staff			
IV	Trouble Shooting Clinic	Harris Clemes			
	Classroom Planning	Staff			

E. Please rate the following techniques on their effectiveness as teaching devices (a) in this training session and (b) whether you would use them in your student contacts. One (1) is least effective, and five (5) is most effective.

1. Value clarification strategies
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

2. Group process: your goals for speaker -- and opportunity to respond to speaker
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

3. Comfort topic discussion group
   (a) 1 2 3 4 5
   (b) 1 2 3 4 5

4. Teacher's resource packet
   (a) 1 2 3 4 5

F. Would you want to be part of a follow-up session composed of those who have completed training? If yes, what would you like to have included in the content of such a meeting?

G. An important part of the success of Project Teen Concern now rests with you. The Department of Health, Education and Welfare wants to know when, and how, you plan to work with students, assist classroom teachers, and/or become involved with community groups not on the school site.

1. Are you now working with a group of students with whom you plan to use the information and skills presented in the training sessions? Yes____ No____

If you answered no, proceed to questions 2, 3, and 4.
If you answered yes, finish question 1, and proceed to questions 3 and 4.
Number of students: _____
When do you meet? (class time, after school, etc.)_____
_____

Will any of these students be available as resource persons to adults and students on school site? Yes_____ No_____
Outside school site? Yes_____ No_____

2. Do you plan to work with a group of students when the training session is completed? Yes_____ No_____
If "no", please state why_____
_____
How large a group do you plan to work with?_____
When? (class time, after school, etc.)_____
Will any of these students then be available as resource persons to adults and students on school site? Yes_____ No_____
Outside school site? Yes_____ No_____

Do you need further consultation with the Project Director in getting started with your group of students? Yes_____ No_____
Give phone number and time when you can be reached_____.

3. Do you plan to act as a resource person to other teachers on school site? Yes_____ No_____

4. Are you associated with any community groups to whom you can give information about VD and premature parenthood and Project Teen Concern? Yes_____ No_____ Do you plan to do so? (specify)_____

Name_____ School_____

INSTRUCTIONS FOR GIVING AND RECEIVING FEEDBACK DURING ROLE PLAYING

(Harris Clemes)

Suggestions for Giving Feedback:

1. Describe the other person's behavior plus how you felt about it.

   Example: "When you came in, you spoke with a very loud voice and started to be critical of Mary. I felt uncomfortable and wanted to shrink back into a corner."

   Avoid: Giving a label. For example, in the statement, "You were not polite," you are using a label. Rather, describe what you saw. "Mary spoke to you three times and you did not look at her nor did you speak to her. I got angry when I saw this."

   Another label often used is "good" and "bad." Such as, "You really handled that well." Describe behavior instead. "You appeared calm and did not raise your voice when Bill got angry at you. I related and felt closer to you."

2. Avoid giving advice unless the other person asks for it. Especially avoid such statements as "You should have done _____."

3. Try to describe behavior which you like, and feel positive about, before describing behavior you do not like.

4. Be considerate but honest. When a person is trying something new like role playing, they are usually scared but willing to do it if they can learn something.

Suggestions for Receiving Feedback:

1. Listen to all that the person is saying. You don't have to answer back or disprove it.

2. Remember, it is one person's viewpoint. What they are saying about you is through their eyes, so it says something about them, too.

3. Ask questions if you don't understand.

4. Look at what you did and/or said through the other person's eyes. Maybe they do have a point.

5. Show that you hear them.

6. Tell them how you saw your own behavior.

7. Let the other person know what kind of feedback is most helpful and when you like to hear it.

Please circle the appropriate categories: III

Your age range: Under 30 30 to 40 41 to 50 Over 50

Sex: Male Female

Please fill in:

Birth Month___ Day___

Your middle initial___

Today's date_____

SAMPLE

PROJECT TEEN CONCERN

QUIZ ON MALE/FEMALE REPRODUCTIVE SYSTEMS AND ADOLESCENCE

Directions: Circle either "T" (True) or "F" (False):

1. When the culture is unclear about values, it makes it easier for the adolescent because whatever decision he makes will be accepted. T F
2. A parent who is strongly pressuring his child to go to college almost certainly has been to college himself. T F
3. It is very unlikely that a father who is extremely strict about his daughter's dating behavior would also be seductive with her. T F
4. If a parent gets very upset when his teenager challenges his values, it probably means that the parent is very sure his (the parent's) values are the correct ones. T F
5. In virtually all cultures, physical maturity and full adult status occur at approximately the same time. T F
6. The incest taboo is universal. T F
7. All cultures require heavy repression and denial of direct aggressive drives. T F
8. Adolescence is a period of great stress and turmoil in all cultures. T F
9. The absence of the hymen is a good indicator that a woman is not a virgin. T F
10. Fertilization occurs in the uterus. T F
11. The size and shape of the penis are closely related to sexual satisfaction in both partners. T F
12. There exists a fundamental similarity between the male and female reproductive systems. T F

Directions: Fill in the blanks with the appropriate word:

13. In both sexes the genital organs produce_____cells and sex_____.
14. Testes are outside the body and this serves the important function of controlling_____
15. The tube leading from the bladder to the outside of the body is the_____.
16. The gonads in the female are the_____.
17. The genetic sex of an individual is determined at the time of_____.

Birth control pills are combinations of synthetic_____.

Chapter IV

Parent-Community Program

Parent/Community Program

INTRODUCTION

Integral to the model of Project Teen Concern was offering an educational component for parents of junior high school students and the broader community. The importance of this came from the staff conviction that parents do like to know what is happening with their children, that many parents welcome an opportunity to increase their communication comfort in an area they know is important but for which they themselves were given little real information and no tools for easy talking. Further, the involved parent becomes an advocate for the program. Accordingly a 12-hour program for parents was offered with a small optional stipend available to recover costs of baby-sitting. (The stipend was conditional to 100% attendance.)

A great deal of effort went into the recruitment of parents, but the result was very satisfying to project staff and well worth the time. The school district itself benefitted from the very positive feedback from the training sessions. If the community training component is to be included, it is important that a field worker, at least half-time, be recruited because contacting parents and community agencies is so time consuming. Affiliation should be sought with a college that has students in health education or allied studies who need a field work placement assignment. This should be a student with a desire to become involved in making community contacts and with the ability to sell the program.

METHODS OF PARENT/COMMUNITY RECRUITMENT USED IN PROJECT TEEN CONCERN

- *Information sent home to junior high school parents*
- *Information about Project Teen Concern in newspapers, including general circulation and neighborhood papers*
- *Taping of spot announcements for radio and TV by a member of the Community Advisory Committee*
- *Direct mailing to community groups*
- *Distribution of posters to neighborhood locations, hospitals, health centers, community centers, etc.*
- *Speaking to small groups of people meeting for a variety of reasons; done by Project Director and field work placement students from San Francisco State University*

In terms of design this was the easiest component of the Project Teen Concern model; the participants were there for their own information and developing their own communication skills, while in the teacher training there was the need to be able to translate the program for students immediately. The content and the format remained essentially the same throughout

except for changes in consultants used. It would be easily replicable in most communities by identifying capable resource consultants. The session that presented the most difficulty in execution was the final one on communication skills. Here the need for an experienced group facilitator is particularly true. A creative approach to developing communication skills within a family is necessary for the success and relevance of the session.

Over 50% of the workshop time for parents/community people was devoted to values clarification and communication skills. The project director and the social worker attached to the project acted as facilitators, but didactic material was presented by carefully selected outside consultants. Participant evaluation was excellent, with many expressing interest in an advanced workshop. (It is suggested you review Chapter I, page 5 for more background on this component).

An interesting cross-section of parents attended these sessions, a total of 130 in all. All cultural and ethnic groups in San Francisco were represented, as well as all economic strata from middle class to ghetto parents. Staff felt these cross-cultural and cross-economic experiences enriched the program for the participants and demonstrated the commonality of parent concern. Some were parents of teenagers and pre-teenagers. Some were staff members from youth-oriented agencies and school paraprofessionals. Some were young couples planning to be parents! Both parents were encouraged to come together and with their teenager if they wished. One group of parents that proved very receptive to this kind of program was the nursery school parent. Parents of young children often are more open and less threatened in dealing with questions about sexuality than parents with teenagers. Staff particularly enjoyed one black teenager (male) who brought his mother faithfully for the entire program, and also attended the advanced parent component in year two.

OBJECTIVES FOR A PARENT/COMMUNITY WORKSHOP

1. To help parents understand the problems of teenagers that a school health/sex education program could help meet.
2. To provide a structure for sharing concerns and viewpoints of parents in this area.
3. To provide information about human sexuality.
4. To increase comfort and skill in communicating about human sexuality with children and adults.
5. To identify available community resources and support groups for parents.
6. To build understanding and support for a school program.

PHASE I: PLANNING A PARENT/COMMUNITY TRAINING PROGRAM

PLANNING PROCEDURE	RESOURCE/COMMENT
Step 1: Plan for times and places. Schedule 3-hour sessions.	A school or the District Health Center in a central location, preferably. In urban communities parking is an important consideration.
Step 2: Arrange community college or adult education credit (optional).	Money for reimbursement of consultants is available through approved adult education courses. A stipend of $15.00 to reimburse for babysitting costs was paid to attendees.
Step 3: Recruitment of parents/community There is no substitute for the advantage that comes from personal contact with community groups. This method consistently produced reliable results, stimulating the interest of people, with their subsequent enrollment in a training cycle. Limit groups to 30 participants. Allow lead time of 1 month.	Field students for outreach Students to design posters Local paper, radio and TV stations *The Community Advisory Committee's help and advice regarding the following were invaluable:* *-Screening of training materials* *-Evaluating of specific test items* *-Suggesting means of parental and community involvement* *-Developing outreach recruitment materials*
Step 4: Design format 1. Use model from teacher training for areas to be covered. Unlike the cycles for certificated personnel the initial training model used with community participants remained essentially unchanged.	See Appendix A, Chapter IV, for an outline of the content of the community training sessions. See Appendix B, Chapter IV, for a sample flyer. See Appendix C, Chapter IV, for sample announcement.
2. Select training consultants. Send confirming letter.	Review resource persons in your community. See Appendix K, Chapter III, on Selecting a Resource/Trainer Consultant. *In project Teen Concern, the professionals who conducted the training sessions were chosen not only for their experience and reputation, but particular attention was given to choosing people who the Project Director knew could communicate well with participants who began the training sessions with diverse backgrounds and varying levels of sophistication and experience in the areas of VD and pregnancy prevention.*

PLANNING PROCEDURE	RESOURCE/COMMENT
3. Select materials. A packet of printed materials which covered all appropriate topics was distributed, and the contents remained the same throughout the cycles.	Materials were selected from the resource list developed for the teachers, see Appendix J, Chapter III.
Prepare packets and evaluation form.	See Appendix D, Chapter IV for sample evaluation form.
Step 5: Final arrangements. Inspect facility prior to training and arrange for comfortable seating, coffee, etc. Confirm times with all outside trainers. Confirm dates with all interested participants (Sometimes arranging babysitting is a great help) Arrive early before each session to set up.	Need movable chairs, blackboard, butcher paper, felt pens. Have 16 mm projector and screen available. Table, coffee pot, cups, etc. Cookies suggested. Need name tags List of participants

PHASE II: DELIVERY OF THE WORKSHOP

	THE PROGRAM FOR A PARENT WORKSHOP	
Time	*Activity*	*Resource/Comments*
Session I 7:00-10:00 pm	Trainer/facilitator introduces goals of the program, introduces the consultant, and welcomes parents	For all 4 sessions: 1. Trainer should meet with each outside speaker prior to session. (See selecting a Consultant, Appendix K, Chapter III) 2. Trainer introduces consultant and co-facilitator where needed and provides a bridge of continuity.
	A Pre-test knowledge inventory is administered.	See Appendix E, Chapter IV
	Topic: Values & Decision Making	
	Influences of moral, ethical, and spiritual values on behavior and responsible decision making. Recognition of cultural and ethnic determinants of human behavior. Implications for home instruction and parent/community education.	Identify a consultant who is experienced in working with the Values Clarification techniques (see Chaper III) and who can explain the theory.
Session II 7:00-10:00 pm	Topic: Normal Adolescent Development	
	Physiological & emotional changes Masculinity/femininity: roles and stereotypes. Community resources. Implications for home instruction and parent/community education	Review Information Processing techniques, Appendix N, Chapter III, for Sessions II & III Use film "About Sex" (Texture Films, N.Y.)

Time	*Activity*	*Resource/Comments*
Session III	Topic: The Facts of Life	
7:00-10:00 pm	-Human Reproduction -Making choices about parenthood -Venereal disease -Community resources -Implications for home instruction and parent/community education	At least one speaker in the area of human sexuality should be able to address the areas of intimacy, trust and communication as essential to a successful relationship.
Session IV	Topic: Communication Skills	
7:00-9:30 pm	-Parent-youth, parent-parent communication -Pressures on youth, family and society -Conflict and crisis management -Cultural and ethnic influences -Implications for home instruction and parent/community education	Try for a speaker who is experienced in dealing with conflict resolution in family situations and who can use an experiential method rather than a lecture format. Role play was used for conflict resolution.
9:30-9:45	Adminster post-test	See Appendix E, Chapter IV
9:45-10:00	Leave time for evaluation.	Sample form, Appendix D, Chapter IV

Junior High School teaching aids were available for preview and evaluation. Comments and reactions were encouraged regarding materials supplied in the parent information packet.

PROJECT TEEN CONCERN

TRAINING PROGRAM FOR PARENTS & COMMUNITY

SAMPLE

Session I — October 3

VALUING AND DECISION MAKING
- -Influences of moral, ethical, and spiritual values on behavior and responsible decision making
- -Recognition of cultural and ethnic determinants of human behavior
- -Implications for home instruction and parent/community education

Robert Newell, M.A.
Coordinator, Office of Drug Education
Oakland School District

Session II — October 10

"THE FACTS OF LIFE"

-Human Reproduction
Andrew Chigos, M.D.
Chief, Department of Obstetrics and Gynecology
St. Luke's Hospital

-Venereal Disease
Jan Cobble
Education Associate
Planned Parenthood/World Population

Session III — October 17

NORMAL ADOLESCENT DEVELOPMENT
- -Physiological and emotional changes
- -Masculinity - femininity: roles and stereotypes
- -Community resources
- -Implications for home instruction and parent/community education

Harvey Caplan, M.D.
University of California, San Francisco

Session IV — October 24

COMMUNICATION SKILLS
- -Parent-youth, parent-parent communication
- -Pressures on youth, family, and society
- -Conflict and crisis management
- -Cultural and ethnic influences
- -Community resources
- -Implications for home instruction and parent/community education

Stan Shalit
Alameda County School District

Do you wonder how you can help your child make responsible decisions as he becomes increasingly independent?

Do the changes your teenager is going through worry or confuse you?

Do you feel embarrassed when your child asks you about subjects like sex and venereal disease -- and wonder how to respond?

Do you wish you knew more facts yourself about venereal disease and human sexuality?

Are you alarmed about the growing numbers of teenagers who have -- or will get -- venereal disease?

Are you concerned about teenage pregnancy?

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN MAYBE YOU'D BE INTERESTED IN...

PROJECT TEEN CONCERN

What is Project Teen Concern?
It is a 12-hour training program for parents and community members who want to help prevent the problems of venereal disease and too early pregnancy in teenagers.

Who runs the training program?
The program has been organized by the San Francisco Unified School District, and is led by professionals in various fields. The program is funded by the Department of Health, Education and Welfare.

Where is the program given?
The course is given at:

District Health Center #1
3850 - 17th Street
San Francisco

When is the program given?
The course meets on four consecutive Wednesday evenings from 7:00 P.M. to 10:00 P.M., and will be given several times:

- November 7, 14, 28, and December 5, 1973, or
- February 27, March 6, 13, 20, 1974, or
- April 24, May 1, 8, 15, 1974

Do I have to pay anything to attend the course?
No -- in fact, if you need money to cover expenses such as baby-sitting or carfare, you can receive a total of $15.00, as long as you attend all four meetings of the course.

Who can apply for the program?
Any adult can apply.

How do I apply for the program?
Either call Project Teen Concern, 863-4680, Ext. 300, or fill out the tear-off below and send it to:

Joan Haskin, Director
Project Teen Concern
San Francisco Unified School District
135 Van Ness Ave., Room 213A
San Francisco, CA. 94102

Please send me an application to the next parent/community program of Project Teen Concern.

Name _____

Address _____

_____

Telephone _____

PROJECT TEEN CONCERN

of the

San Francisco Unified School District

announces

VENEREAL DISEASE AND PREMATURE PARENTHOOD PREVENTION

A Program Designed for Parents and Community Representatives Concerned About Young Adolescents

About Project Teen Concern

-State and San Francisco health authorities state that VD is epidemic, and project that 1 out of 10, and in some communities, 1 out of 2 minors, now have or will become infected within the next year or two, with gonorrhea, if the epidemic cannot be controlled.

-VD education no later than the 7th grade is encouraged by new state law. Teachers need preparation which, for financial reasons, the District at present is unable to provide.

-Many parents need and want to be educated themselves about VD, human maturation and sexuality in order to discharge their obligations as the prime educators of their children, particularly on sensitive subjects so closely related to moral, ethical and spiritual values and family beliefs and standards.

-Project Teen Concern is a program funded by the Department of Health, Education and Welfare. Its purpose is to make more effective the discussion of VD and premature parenthood prevention. Opportunities for developing competence will be offered to the following:

-certificated personnel, grades 7, 8 and 9, to communicate effectively with young adolescents about responsible decision making particularly related to human sexuality, and the prevention and control of VD and premature parenthood

-parents and community representatives, to communicate effectively with their own children and other adults in the above areas

-students, grades 7, 8 and 9, to be peer leaders in informal situations at Information-Referral Centers to be established on school sites and/or in neighborhoods.

students, grades 7, 8 and 9, to act as resource persons when requested by classroom teachers.

Dates

Educational programs for parents and community representatives will start in May, 1973, and consist of 4 meetings for a total of 12 hours.

-May 2	7 - 10 p.m.
-May 9	7 - 10 p.m.
-May 16	7 - 10 p.m.
-May 23	7 - 10 p.m.

Location of Training

District Health Center #1
3850 - 17th Street
San Francisco

Stipend

Upon satisfactory completion of the 12 hours, participants are eligible for a stipend of $10.00 for partial reimbursement of expenses such as carfare, gas, etc.

Enrollment

Interested parents and community representatives may obtain an application blank from their PTA or parent group president, from any junior high school principal, or from the Project Director. Each twelve hour session will be limited to 44 participants. Completed applications should be mailed to the Project Director (address below) as soon as possible.

Post-training Plans

Participants who satisfactorily complete the 12 hour program will be encouraged, but not required, to share their knowledge with other parents and their own children in informal situations, and,when possible, with interested groups in the neighborhood or community. Some participants may wish to supervise the trained youth who will staff neighborhood Information - Referral Centers.

Agencies Cooperating with SFUSD

Bay Area Venereal Disease Association, Inc.

California Congress of Parents and Teachers, San Francisco Second District

California State University, Hayward

Human Rights Commission of San Francisco

Planned Parenthood/World Population, Alameda-San Francisco

San Francisco Department of Public Health

San Francisco Medical Society

Project Director

Mrs. Joan Haskin, Director
Project Teen Concern
San Francisco Unified School District
135 Van Ness Avenue, Room 213A
San Francisco, Ca. 94102
Phone: (415) 863-4680, Ext. 300

C-IV

PARENT - COMMUNITY

APPLICATION FOR ENROLLMENT IN PROJECT TEEN CONCERN

May 2, 9, 16, 23, 1973

Mr.
Ms. _____
Last name First Initial

Home address _____ Home phone _____
Number/Street City Zip

Business address _____ Phone _____
Number/Street City Zip

Social Security Number _____

Ages of your children _____

School(s) your children attend _____

List any community agency with which you are associated _____

_____

State briefly why you are interested in this program (use other side of paper or separate sheet)

Mail to: Mrs. Joan Haskin, Director
Project Teen Concern
San Francisco Unified School District
135 Van Ness Avenue, Room 213A
San Francisco, Ca. 94102

PROJECT TEEN CONCERN

The purpose of this questionnaire is to enable us to evaluate this training format both for the S.F.U.S.D. and for HEW which is funding Project Teen Concern. One of our goals is to develop a training model that really works. Your reactions will form the basis for modifying succeeding sessions.

Name_____

A. To what extent were your personal objectives realized in the training program? (circle one number)

1	2	3	4	5
Not at all		Neutral		As completely as possible

B. To what extent did the program, in your opinion, succeed in meeting its objectives? (circle one number)

1. Do you understand the uses of value clarification?

1	2	3	4	5
Not at all		Neutral		As completely as possible

2. Are you aware of the influence of moral, ethical and spiritual values on human behavior?

1	2	3	4	5
Not at all		Neutral		As completely as possible

3. Can you recognize the psycho-social changes that occur in adolescence?

1	2	3	4	5
Not at all		Neutral		As completely as possible

4. Are you able to describe and discuss male and female reproductive anatomy and physiology?

1	2	3	4	5
Not at all		Neutral		As completely as possible

5. Are you aware of a variety of methods of preventing pregnancy and of varying attitudes about their use?

1	2	3	4	5
Not at all		Neutral		As completely as possible

6. Have you increased your knowledge of the prevention, treatment and control of venereal disease?

1	2	3	4	5
Not at all		Neutral		As completely as possible

7. Has participation in group process increased your communication skills?

1	2	3	4	5
Not at all		Neutral		As completely as possible

8. Do you know several community resources that are available for referral of problems involving venereal disease and premature parenthood?

1	2	3	4	5
Not at all		Neutral		As completely as possible

C. Please rate each of the sessions as to how well it helped meet the objectives of the program.

			Excellent	Good	Poor
I	Valuing Strategies	Bob Newell			
II	Human Reproduction	Andy Chigos			
	Making Choices About Parenthood	Elaine Grady			
	Venereal Disease	Walt Gordon			
III	Adolescent Development	Tom Clark			
		Harvey Caplan			
		Film: About Sex			
IV	Communication	Rinna Flohr			

D. Please rate each of the session as to <u>time</u> allotted for instruction.

I Valuing Strategies - Bob Newell

1	2	3	4	5
Not enough time		Right amount of time		Too much time

II Human Reproduction, Making Choices About Parenthood, Venereal Disease
Andy Chigos, Elaine Grady, Walt Gordon

1	2	3	4	5
Not enough time		Right amount of time		Too much time

III Adolescent Development - Tom Clark, Harvey Caplan

1	2	3	4	5
Not enough time		Right amount of time		Too much time

IV Communication - Rinna Flohr

1	2	3	4	5
Not enough time		Right amount of time		Too much time

(3) D-IV

An important part of the success of Project Teen Concern now rests with you. The Department of Health, Education and Welfare wants to know if, when, and how, you plan to work with young people and/or become involved with community groups.

1. Are you now working with youth or adults with whom you plan to use the information and skills presented in the training sessions?
   Yes_____ No_____

   If you answered no, proceed to questions 2, 3, and 4.

   Number of youth_____ . Number of adults_____.

   When do you meet?_____

   Type of group (church, PTA, other)_____

2. Do you plan to work with a group of youth or adults when the training session is completed? Yes_____ No_____
   (If "no", please state why)_____

   _____

   How large a group do you plan to work with?_____

   When do you plan to begin?_____

   Type of group (church, PTA, other)_____

   Do you need further consultation with the Project Director in getting started with a group? Yes_____ No_____

   Give phone number and time where you can be reached_____

Name_____

Please circle the appropriate categories:

Your age range: Under 30 30 to 40 41 to 50 Over 50

Sex: Male Female

Please fill in:
Birth Month___ Day___
Your middle initial___
Today's date _____

PROJECT TEEN CONCERN

KNOWLEDGE INVENTORY FOR PARENT TRAINING

DIRECTIONS: This is a multiple choice test. Please draw a circle around the letter printed to the left of the answer you consider to be the BEST answer to each question. Choose a BEST answer to EACH question. If you do not know, guess. Be sure to answer every question.

1. Which of the following is the best way of determining if you have syphilis?

   a. Check for chancre sores.
   b. Have a urinalysis.
   c. Have a blood test.
   d. You will notice it by the pain when you urinate.

2. Which of the following is the cause of gonorrhea?

   a. Sexual intercourse
   b. Germs
   c. Sex organ strain
   d. Syphilis

3. Masturbation (playing with oneself) ...

   a. is in no way harmful to the body.
   b. causes a weakness of the body and lack of energy.
   c. is a sign of emotional problems.
   d. can lead to homosexuality.

4. The birth control pill works because ...

   a. it keeps the egg away from the sperm as the egg goes down the tube.
   b. it keeps the egg from being formed.
   c. it is a hormone that keeps the ovary from releasing the egg.
   d. none of the above.

5. If a woman has intercourse with a man who has gonorrhea, she is more likely to contract gonorrhea herself if ...

   a. she is pregnant.
   b. she has already been in generally poor health.
   c. she has been taking birth control pills.
   d. she fails to urinate soon after intercourse.

6. Treatment for syphilis ...

   a. makes a person immune to further infection for a period of five days.
   b. is easy and relatively painless.
   c. is very painful if syphilis has already advanced to its late stages.
   d. requires medical attention for several months.

7. The time when a woman is least likely to get pregnant is ...

   a. midway between menstrual periods.
   b. the week before and the week after the menstrual period.
   c. during the menstrual period.
   d. at the time when her body temperature rises slightly.

8. How can a pregnant woman who has untreated syphilis pass syphilis on to her unborn child?

   a. The baby inherits it.
   b. The germs pass through the placenta (where the baby is attached inside the mother) to the baby.
   c. The baby's eyes may be infected with syphilis as it passes through the birth canal.

9. Of the following possibilities, how will a woman with gonorrhea be most likely to find out she has the disease?

   a. She can tell from her own discomfort and other symptoms.
   b. A man who has sexual contact with her will notice his symptoms and may tell her, or name her as a contact.
   c. It doesn't make any difference, it will go away anyhow.
   d. There are no reliable signs of having gonorrhea in women.

10. If untreated, the chancre sore and rash symptoms of syphilis ...

   a. spread throughout the blood stream, throughout the body.
   b. disappear.
   c. infect the eyes, causing blindness.
   d. result in blood poisoning.

11. Which of the following is not a symptom of syphilis in men?

   a. Painless sore around genitals or face.
   b. Uncomfortable urination.
   c. Body rash.
   d. Sore throat.

12. The condom (rubber), when used properly, offers protection from gonorrhea ...

   a. only for the man using it.
   b. only about 50% of the time.
   c. for the woman as well as the man.

13. In the early stages of infection, a person with syphilis may notice ...

   a. nothing unusual.
   b. a low fever, swollen glands, and a sore throat.
   c. a skin sore called a chancre.
   d. any of the first three choices.

ATTITUDES TOWARD SEX

A series of statements follow. You are to choose among: agree, undecided but probably agree; undecided but probably disagree; and disagree. Each item is associated with a content area of sex education and your response will depend upon your own attitude.

DIRECTIONS: Read each statement carefully. Then indicate how strongly you agree or disagree with the statement by circling the letter preceding your choice. For example, if you are undecided but probably agree with the following statement, you would indicate it by circling "b" as shown.

Example:

Older people just don't try to understand the youth of today.

a. Agree
(b) Undecided; probably agree
c. Undecided; probably disagree
d. Disagree

Attitudes Toward Sex

1. If birth control were freely available to minors, it would encourage sexual activity.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

2. Changes in family structure are partly responsible for sexual promiscuity.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

3. It is better to have an abortion than an unwanted pregnancy.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

4. Birth control should be used by unmarried people who are sexually active.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

5. Morality should not enter into classroom discussions on sexuality.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

6. Including sex education in the schools promotes premarital sex.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

7. Parents should be informed if their child has a venereal disease.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

Attitudes Toward Sex - cont'd.

8. Parents should discourage their children from masturbating.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

9. Young people need to question the values of their parents.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

10. There has been an increase in sexual promiscuity in recent years.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

11. A man who doesn't have premarital sex is probably not very masculine.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

12. It is more important for girls than boys to control their sexual feelings.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

13. One of the main concerns in our society is confusion about sex roles.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

14. Sex is a very private matter, and should not be talked about in public.

   a. Agree
   b. Undecided; probably agree
   c. Undecided; probably disagree
   d. Disagree

Chapter V

Bilingual Program

Bilingual Program

INTRODUCTION

Many school districts throughout the country are in the process of developing bi-lingual teaching programs. Those students who do not have English as their primary language often are deprived of vital educational components available to the total school population. This was true in San Francisco where these non-English speaking students had not previously received any health education.

In addition, the newly arrived immigrant parents are at a great disadvantage and have many needs. They are isolated by virtue of language, come from a very different culture and set of values, and sometimes have received little formal education, and are struggling to survive. Often they find themselves bewildered by the social situation their children find themselves in, and lack the information to help them. A school program that reaches out to these parents can have real impact and build closer understanding between home and school. This was the model developed under third year funding of Project Teen Concern.

The Project Director first secured the approval and enthusiastic cooperation of the Bi-lingual Teaching Department of the S.F.U.S.D. Six teachers were recruited and attended a cycle of Project Teen Concern in the spring of 1974. The two languages represented by those teachers were Spanish and Chinese. This core of teachers first met together in August before the start of school. With the project director and the social worker to the project, they then selected teaching materials. They also carried the responsibility for planning the parent workshops and student classes. The bilingual health course was conducted at three junior high schools in San Francisco. Before the course began, an orientation meeting for parents of the participating students was held at each of the schools. A health education training program arranged by project staff was subsequently conducted for the parents, on topics they requested. The social worker and field worker attended all these meetings with the teachers. These parent orientation meetings were considered vital to building support for the program.

Two factors were the key to the success of the parent orientation meetings and the subsequent health information meetings. The first was the half-time fieldworkers, one Chinese young man and one Spanish speaking young woman, who were known and accepted in their own communities. These two young people, working under the supervision of the social worker of the project, combined enthusiasm and tact with a series of home visits and telephone calls. Baby-sitting was arranged and youth serving agencies were contacted in order to make the parents and community aware of the health needs of young people. In our opinion, it would be difficult to launch this program without these fieldworkers.

The second key factor was the bilingual teacher. Since this person carried the responsibility for the presentations in these two programs, the abilities to communicate clearly, to extend a warm invitation, and to handle effectively the questions of parents were paramount. This was strikingly apparent in two or three of the Spanish bilingual teachers who managed to secure at their meetings a wide range of parents, grandparents, relatives, small children and even animals! Making the occasion somewhat social by offering food and informality was an important ingredient. Staff was very impressed by the response to films such as "Boy to Man" and "Girl to Woman." Men as well as women asked very basic questions about VD and family planning, and wanted their young people to have this information just as they had chosen these topics for themselves. The overall feeling of these meetings in the Spanish speaking community was of eagerness and responsiveness to the program.

Although the same procedures were followed by fieldworkers (detailed in the planning process) for the Chinese parent/community component as for the Spanish/parent/community component, the Spanish program proved to be enormously successful while the Chinese component was not. Research by the Chinese fieldworker showed that evening school meetings had seldom been successfully conducted in Chinatown. Reasons given were the varying hours of work (many at night) for the newly arrived immigrant, the Chinese cultural barriers, especially in the area of discussing sexuality, and the fact that this was a low priority area for the upwardly mobile Chinese family fighting to get started in the U.S. Over 78 Spanish speaking parents attended the Health Information meetings, while only 11 Chinese parents were identified as willing to attend a meeting.

In 1975 the five Spanish bilingual teachers taught 188 students on topics related to Project Teen Concern, including additional material in health education. The only trained Chinese bilingual teacher taught 60 students in the same areas. The teacher evaluations were very positive, and this program will be surviving in the classroom, thanks to some special bilingual funding.

Principles of the Bilingual Component

The family life education component was presented in a broad health education framework.

Parents were fully informed before the student programs began.

Parents were asked to select the health education components they desired their children to receive.

Parents were offered "Health Information" meetings on topics they chose, in advance of the student programs, to facilitate family communication. These programs were conducted in their own language, by bilingual instructors.

The objectives for the bilingual component for parents are similar to those for the parent component in Chapter IV, Page 112. For those interested in developing a bilingual component, following is the process used in the San Francisco Unified School District.

PHASE I: PLANNING A BILINGUAL HEALTH EDUCATION PROGRAM

PLANNING PROCEDURE	*RESOURCE/COMMENT*
Step 1: Secure administrative approval for the development of program.	
Step 2: Secure approval of the administrator of the Bilingual Dept. of your school district.	
Step 3: Recruit bilingual teachers, interested in participating with Project Staff.	Personal contact. Teachers were pain for the extra hours of planning time.
Step 4: Recruit bilingual workers from local college health education or social work programs who are interested in working in the community.	They were essential to the success of the community part of the bilingual program.
Step 5: Assess needs of bilingual teachers for training in health/sex education and offer in-service to these teachers.	In you have a teacher in-service component, make that training available to bilingual teachers.
Step 6: Form a Community Advisory Committee.	See Chapter I, page 2 and 3 for more background. This committee was very helpful in suggesting outreach to the Chinese and Spanish community, and in reviewing the materials for cultural sensitivities.
Step 7: Bilingual teacher activities, prior to beginning of school.	Three planning sessions totaling 12 hours were held at the S.F. Unified School District offices.

PLANNING PROCEDURE	RESOURCE/COMMENT
a. Preparation of lesson plans.	Content in Project Teen Concern: -Hygiene/Venereal Disease -Nutrition -Reproduction -Contraception -Adolescent Growth & Development -Parenthood -Delivery of Health Services
b. Review of films - bilingual.	For Project Teen Concern: -Girl to Woman (Sp., Cant., Engl.) -Boy to Man (Sp., Cant., Engl.) -VD Attack Plan (Spanish, English) -3 Trigger Films (non-verbal) -Inside/Out (2 of a series of 30; teacher training in use of films followed)
c. Review of written materials (Spanish, Cantonese & English) and realia, pamphlets, charts, drawings.	See Appendix A, Chapter V: Listing of Spanish bilingual materials. *Models--Dickinson Birth Series* *Model--Human Torso* *Models--Developing embryos*
d. Prepare list of community health resources for referrals and information.	With assistance of project director and social work staff.
e. Prepare bilingual orientation information for parents; description of Project, goals, and how they relate to the child and parents.	Sample Project Teen Concern information flip charts are available by writing the Education Dept. at Planned Parenthood, Alameda-San Francisco.
Step 8: Joint planning of teachers and Project staff for parent orientation meetings.	
a. The teacher will send a letter home about program. The tone of the letter should be positive, informal, friendly.	See sample, Appendix B, Chapter V.

PLANNING PROCEDURE	RESOURCES/COMMENTS
b. Circulate informational flyer in community and send one flyer with the letter above.	See sample, Appendix C, Chapter V.
c. Follow up phone call invitation for each parent/guardian before meeting by fieldworker. Offer transportation if needed.	Two days prior to meeting.
d. Hold meeting at child's school, with social situation offered by bilingual teacher and including refreshments.	Encourage older and younger friends and relatives to attend.
Step 9: Planning for Health Information Meetings.	
a. If there is a lapse of time between Step 8 & 9, home visits by fieldworkers are suggested.	At the very least, a follow-up written reminder should be sent.
b. Fieldworkers make phone calls a day or two before the meeting, as reminder.	
c. Make personal contacts with community agencies and other groups and invite them to attend.	See Appendix G, Chapter V, for list of agencies contacted in Project Teen Concern.
d. Again, fieldworkers plan refreshments and coffee, prepare materials, films and evaluation forms.	16 mm projector and screen. Have materials for parents to preview.

PHASE II: DELIVERY OF PROGRAMS

ACTIVITY	RESOURCE/COMMENT
1. Bilingual parent orientation meetings: Schedule prior to start of student program for 2 reasons: 1) to assure that parents are informed of what will be included in the Health Unit, especially that they be aware that the topics of adolescent maturation and venereal disease will be discussed. 2) to offer them, as members of the community, a Health Information Meeting. Invite parents to help choose the topics that will be covered from a varied list which is posted on butcher paper. Verbal evaluations elicited by facilitator at end of meeting.	The facilitator must be bilingual. *In the Spanish component of Project Teen Concern, parents were encouraged to bring other members of the family, regardless of age. Teacher presentations were conducted in Spanish and included the following:* *-Discussion of informational flip charts* *-Viewing of pamphlets to be used by the students* *-Viewing of Spanish versions of the films "Girl to Woman" or "Boy to Man," and "VD Attack Plan." All were well received.* *-Questions, answers, and comments from those attending.*
2. Student Classes: Bilingual teachers schedule and teach health/sex education units for students. Teacher determines the total time to be spent on health education.	See Appendix H, Chapter V: "Student Knowledge Inventory" See Appendix D, Chapter V: "Student Knowledge Inventory;" pre and post-test results.
3. Health Information Meetings: Schedule these meetings for parents/community at schools. Topics chosen by parents. Encourage parents to bring other adults with them.	*Parents' choice in Project Teen Concern:* *-Session I: Venereal Disease and Family Planning* *-Session II: Drugs and Family Communication* See Appendix E, Chapter V: List of bilingual resources materials. Pamphlets appropriate to topics discussed should be available. See Appendix F, Chapter V: Sample evaluation by participants. See Appendix G, Chapter V: List of community groups contacted.

Project Teen Concern

RESOURCE MATERIALS

PTC BILINGUAL PROGRAM: SAN FRANCISCO UNIFIED SCHOOL DISTRICT (distributed to PTC teachers for use in their Junior High School classrooms)

Pamphlets

*Speak Clearly About VD Spanish and English	Youngs Drug Products P.O. Box 5 Piscataway, N.J. 08854
The Engagement Ring Spanish and English To Be a Mother/To Be a Father Spanish and English	Publications Section Information & Education Dept. Planned Parenthood Federation of America, Inc. 810 Seventh Avenue New York, N.Y. 10019
Easy Meals That Please Spanish and English *Guide to Good Eating Miniature Spanish and English Limited quantities of the guide are available free of charge from the Oakland office of the Dairy Assoc.: telephone number: 562-3045	American Dairy Council 111 North Canal Street Chicago, Illinois 60606
*Jose, el Arriesgado Spanish and English *Which Birth Control Method is Right for You? Spanish and English	Emko Company 7912 Manchester St. Louis, Missouri 63143
New Baby in your House Spanish and English Food for a Health Mother and Baby	Ross Laboratories Educational Services, Dept. 441 625 Cleveland Avenue Columbus, Ohio 43216
*Calorie Control for You Spanish and English	Upjohn Company 900 N. Cahuenga Blvd. Los Angeles, CA. 90038
*When You're Going to Have a Baby Spanish and English *Hey Kids! Here's the Plan for Eating Spanish and English	Carnation Company 5045 Wilshire Blvd. Los Angeles, CA. 90038
*The Big Four Daily Countdown Spanish and English Free in limited quantities	Del Monte Corporation 215 Fremont Street P.O. Box 3575 San Francisco, CA. 94119 Telephone: 781-7760

*available free of charge

PTC BILINGUAL PROGRAM: SFUSD (cont.)

Pamphlets (cont.)

*What You Should Know About TB Chinese and English *This is Mr. TB Germ Spanish and English *Lo Que Todo El Mundo Necesita Saber Acerca de TB Spanish *Como se Protege a su Nino de TB *How Rico Carty Beat TB Spanish and English	San Francisco Lung Assoc. 259 Geary Street San Francisco, CA. 94102 Telephone: 362-1104
The Gift of Life Spanish and English The Spanish version was reproduced at the S.F.U.S.D.	Health Education Service P.O. Box 7283 Albany, New York 12224
*Stop VD with the Facts Spanish and English	Pfizer Laboratories 235 East 42nd Street New York, N.Y. 10017
*To Be a Mother/To Be a Father Chinese *Ching Nin Clinic flyer Chinese and English *Pelvic Examination Chinese and English	Ching Nin Clinic 511 Columbus Ave. San Francisco, CA. Tel: 362-5728
*Peligro! Danger! Spanish/English	San Francisco City Clinic 250 Fourth Street San Francisco, CA. Tel: 558-3804
*Eat Foods Rich in Iron Spanish/English *City Clinic Information Sheet Chinese/English *Danger! Chinese/English	reproduced at S.F.U.S.D.

FILMS

VD Attack Plan Spanish and English	Walt Disney Educational Productions 800 Sonora Avenue Glendale, CA. 91201
Boy to Man Spanish, Cantonese, and English Girl to Woman Spanish, Cantonese, and English	Churchill Films 662 North Robertson Blvd. Los Angeles, CA. 90069

*available free of charge

Project Teen Concern

An Educational Program to Prevent Venereal Disease and Premature Parenthood

SAMPLE LETTER TO SPANISH PARENTS

15 de enero de 1975

Estimados padres de familia:

Como ustedes saben, sus hijos/as están participando en un proyecto piloto educacional de salud, "Project Teen Concern" en su escuela. En una sesión de orientación de padres de familia que se llevó a efecto en el otoño de 1974, muchos padres expresaron su deseo de recibir un curso de entrenamiento educacional de salud en Español para ellos mismos. El personal del Proyecto Teen Concern por lo consiguiente, planeó esta clase de programa que se describe en el panfleto adjunto.

Esperamos puedan asistir a este curso. Si ustedes desean participar en estas clases, por favor envíen la forma de aplicación que se incluye en el panfleto a la Oficina del "Project Teen Concern" lo mas pronto posible. Si usted tiene amigos, familiares o personas adultas interesadas en asistir, nos gustaría les sugirieran llenar una forma de aplicación también.

Si tiene alguna pregunta relacionada con el programa del Proyecto "Teen Concern" llame al teléfono de la oficina del proyecto (863-4680), ext. 300.

Sinceramente,

Joan Haskin

Joan Haskin, Directora
Proyecto "Teen Concern"

MAESTROS:

Blanca Feisel	(Horace Mann)
Delfina Jerez	(Horace Mann)
Rolando Morales	(James Lick)
Rosa Elena Nuñez	(James Lick)
Stefanie Rosemond	(Everett)

Cooperating Agencies

Bay Area Venereal Disease Association, Inc
California State University, Hayward
California Congress of Parents and Teachers, San Francisco Second District
Human Rights Commission of San Francisco
Planned Parenthood/World Population, Alameda–San Francisco
San Francisco Department of Public Health
San Francisco Medical Society

San Francisco Unified School District, 135 Van Ness Ave., Room 213A, San Francisco, CA 94102 · (415) 863-4680, Ext. 300

¿Le preocupan los cambios por los cuales está pasando su adolescente?

¿Se siente molesto cuando su hijo/a le hace preguntas relacionadas con temas como sexo o enfermedades venéreas--- y se preocupa de como darles una respuesta adecuada?

¿Le preocupa los casos de adolescentes que esperan niños sin contraer matrimonio?

¿Está usted alarmado/a por el número en crecimiento de adolescentes que tienen o contraerán enfermedades venéreas?

¿Le preocupa el abuso o exceso de drogas tomadas por adolescentes?

¿Le gustaría tener la oportunidad de hablar sobre estos temas con otros adultos?

SI CONTESTO "SI" A ALGUNA DE ESTAS PREGUNTAS, ENTONCES TALVEZ ESTA INTERESADO EN...

PROYECTO "TEEN CONCERN"

¿Qué es el Proyecto Teen Concern?
Es un programa de salud educativo que se ofrece en español a los padres de familia y miembros de la comunidad. El programa se tratará de los siguientes temas:

- -Drogas
- -Adolescencia
- -Enfermedades Venéreas
- -Planeamiento Familiar

¿Quién está a cargo del programa?
El programa ha sido organizado por el Distrito Escolar Unificado de San Francisco y está dirigido por profesionales de habla hispana especializados en diferentes ramas. El programa obtiene fondos del Departamento de Salud, Educación y Bienestar (Health, Education and Welfare.)

¿Dónde se imparte el programa?
El programa se ofrece en la siguiente dirección:

Distrito de Salud # 1
3850 - 17th Street
San Francisco

¿Cuándo se imparten las clases?
Las clases son de 3 horas por dos noches durante los días martes, 11 de marzo y martes 18 de marzo de 1975 de 7:00 a 10:00 p. m.

¿Tengo que pagar algo por asistir a este curso?
No---al contrario, para pagar gastos por cuidado de niños y transportación, usted puede recibir un total de $10.00, si asiste a las dos sesiones del curso.

¿Quiénes pueden hacer una solicitud para el programa?
Cualquier adulto puede aplicar.

¿Cómo puedo yo hacer una solicitud para el programa?
Complete la forma abajo de la linea, córtela y envíela a:

Joan Haskin, Directora
Project Teen Concern
San Francisco Unified School District
135 Van Ness Ave., Room 213-A
San Francisco, CA 94102

Para obtener mas copias de esta solicitud llame a la Oficina del Proyecto "Teen Concern", 863-4680, Ext. 300

Me interesa asistir al programa de entrenamiento de la comunidad del "Proyecto Teen Concern:"

Nombre_____
Dirección_____
Teléfono_____
No. del Seguro Social_____
Edades de sus niños_____
Escuelas a las que asisten_____
_____

SAMPLE

142

APPENDIX C, CHAPTER V

Student Knowledge Inventory: Bilingual

Statistical Analysis

KEY: N = Number of students taking the test
R = Range of correct scores
M = Mode of scores
m = Mean of scores

Horace Mann Junior High School

	N	R	M	m
Pre Test	58	0-10	5.5	4.31
Post Test	59	1-11	5	5.73

James Lick Junior High School

	N	R	M	m
Pre Test	21	1-7	3	4.10
Post Test	27	4-9	7	6.93

Marina Junior High School

	N	R	M	m
Pre Test	17	1-6	4	4.06
Post Test	15	5-9	6	6.53

D-V
(2)

Project Teen Concern

Bilingual Teachers: Evaluation Questionnaire

1. Did you teach health as a separate unit, or integrate health education into your teaching of other subjects?

Horace Mann:	Integrated class
James Lick:	Separate unit
Marina:	Integrated health and ESL Reading. The students learned to improve their reading through health articles.

2. Approximately how many students received health instruction?

Horace Mann:	88
James Lick:	40
Marina:	60

3. A. How many class hours on health do you estimate that each student received?

Horace Mann:	15 hours
James Lick:	15 hours
Marina:	20 hours

B. Was it: a) the right amount of time b) too much c) too little?

Horace Mann:	Right amount
James Lick:	Too little
Marina:	Right amount

4. What topics did you cover in your health education instructional program?

Horace Mann:	Sex/reproduction, drugs, communicable diseases, nutrition, dental care, VD, teenage problems, communication between peers, parents, and society
James Lick:	Sex education, birth control, dental and body care, anatomy and physiology
Marina:	Physiology, VD, birth control, decisions and values

5. What was the student response to the health education program?

Horace Mann:	Very interested
James Lick:	Very interested
Marina:	Moderately interested

6. What two topics evoked the greatest student interest?

Horace Mann:	VD and family life
James Lick:	Sex education, birth control
Marina:	Birth control, physiology

7. What particular written materials, films, and realia did you find most useful?

Horace Mann:	Films:	"VD Attack Plan," "Boy to Man," "Girl to Woman"
	Realia:	Dickinson birth models
James Lick:	Films:	"VD Attack Plan," "Boy to Man," "Girl to Woman"
	Realia:	Dickinson birth models, birth control devices chart
Marina:	Films:	"Boy to Man," "Girl to Woman"
	Pamphlets:	"To Be a Mother/To Be a Father", "Gift of Life"

8. Do you feel you needed more training in any particular health area?

All schools answered "No."

9. Were you disappointed in any aspects of the Project Teen Concern program?

All the schools were basically pleased about the program, commenting on good follow-up by staff, encouragement, and additional workshops. One teacher felt that in view of the amount of extra time he spent in relation to the Project, there should have been more monetary compensation.

10. Please make any comments about the program, its content, etc., which you think we should know.

Marina:	"Appreciated the additional community support by Ching Nin - feel there should be close communication with these organizations because of their experience.
James Lick:	"A larger variety of films and filmstrips in Spanish is needed. Also a fund to buy additional materials should be given to each teacher.

RESOURCE MATERIALS: SPANISH HEALTH INFORMATION MEETINGS
(all materials listed are in Spanish)

Session #1: Human Reproduction, Venereal Disease, Family Planning

Pamphlets

*Hablando Claramente de Enfermedades Venereas	Youngs Drug Products P.O. Box 5 Piscataway, N.J.
Ser Padre/Ser Madre	Publications Section Information & Education Dept. Planned Parenthood Federation of America, Inc. 810 Seventh Avenue New York, N.Y. 10019
El Don de la Vida	Health Education Service P.O. Box 7283 Albany, N.Y. 12224
*Peligro! Danger!	San Francisco City Clinic 250 - 4th Street San Francisco, CA. 94103 Tel: 362-5728
*Alto a las Enfermedades Venereas... Combatalas con Hechos...!	Pfizer Laboratories 235 East 42nd Street New York, N.Y. 10017
*Consejos para el Hombre y la Mujer	Office of Family Planning Family Health Services Section State Department of Health 2151 Berkeley Way Berkeley, CA. 94704
*Cuidado de la Salud -- Donde Puedo Ir Para Curarme?	Developed by Project Teen Concern
*Birthright (supplied by United for Life at their request)	United for Life 578 - 24th Avenue San Francisco, CA.

Films

VD Attack Plan	Walt Disney Educational Productions 800 Sonora Avenue Glendale, CA. 91201

*available free of charge

March 11, 1975

SAMPLE EVALUATION

N = 40

PROJECT TEEN CONCERN
PROGRAMA DE LA COMUNIDAD LATINA
EVALUACION
Sesión #1

1. Ha adquirido usted más conocimiento acerca de las partes masculinas y femeninas del cuerpo humano?
(Ponga un círculo alrededor del número indicado)

1	1	8	2	34
1	2	3	4	5
ninguno		un poquito		bastante

2. Ha adquirido usted más conocimiento acerca de formas de prevenir un embarazo?

2	0	7	1	37
1	2	3	4	5
ninguno		un poquito		bastante

3. Ha adquirido usted más conocimiento acerca de tratamientos y maneras de controlar las enfermedades venereas?

2	1	7	2	35
1	2	3	4	5
ninguno		un poquito		bastante

4. Ha aprendido usted algo más acerca de las agencias de salud de la comunidad las cuales ofrecen ayuda con exámenes y tratamiento de enfermedades venereas y con planeamiento familiar?

2	2	5	0	35
1	2	3	4	5
ninguno		un poquito		bastante

5. Como le pareció esta sesión?
(Por favor indique abajo)

	Excelente	Bueno	Regular
INTRODUCCION	40	4	2
PLANEAMIENTO FAMILIAR	33	5	2
ENFERMEDADES VENEREAS	34	4	2

6. Comentario Adicional:

March 18, 1975

F-V
(2)

N = 55

PROJECT TEEN CONCERN
PROGRAMA DE LA COMUNIDAD LATINA
EVALUACION
Sesión # 2

1. Ha adquirido usted mas conocimiento acerca de los efectos que tienen en la mente y cuerpo humano el uso de las diferentes clases de drogas? (ponga un círculo alrededor del numero indicado)

1	0	14	8	32
1	2	3	4	5
nada		un poquito		bastante

2. Despues de haber atendido estas sesiones, se siente usted más capacitado y con más conocimiento para poder hablar con los jovenes acerca de las drogas?

0	0	9	9	37
1	2	3	4	5
nada		un poquito		bastante

3. Sabe usted más acerca de los medios que tiene la comunidad para ayudar con problemas de drogas?

3	0	15	9	27
1	2	3	4	5
nada		un poquito		bastante

4. Cómo le pareció esta sesión?

0	0	1	0	52
1	2	3	4	5
Regular		Buena		Excelente

5. Si desea hacer algún comentario acicional sobre esta sesión, por favor hágalo a continuacion:

Spanish Bilingual Health Information Meetings

List of Community Agencies/Groups Contacted

Mission Coalition Education Committee

St. Luke's Hospital - Public Relations Department

Mission Education Center

Mission Childcare Consortium

Latino Assessment Center

Horizons Unlimited

Real Alternatives Program

James Lick Junior High School: Bilingual PTA

Mission Mental Health Center: Staff Meeting

Centro de Cambio

Youth at the Crossroads

Health Center #1

Catholic Council for the Spanish Speaking

San Francisco Boys Club

San Francisco Girls Club

Arriba Juntos

Mission Family Center

Bernal Heights Cooperative Nursery School

Mission Mental Health Center Advisory Committee: Team I

Mission Mental Health Center Advisory Committee: Team II

PROJECT TEEN CONCERN

Escuela _____ Grado _____ HR _____

Edad _____ Sexo (género) _____

Fecha de nacimiento _____

Preguntas acerca de lo que concierne a la juventud

Lea la pregunta y encierre en un círculo la letra a la izquierda con la respuesta correcta.

1. El tratamiento para curar la gonorrea (clap) y la sífilis (siff, pox, bad blood) hoy día...

   a. no duele,pero es efectivo.
   b. es doloroso, pero es muy efectivo.
   c. no es doloroso y es muy efectivo sin necesdidad de ausentarse de la escuela.
   d. no duele y es efectivo pero se requiere que la persona se ausente de la escuela.

2. ¿Cuál es la causa de la gonorrea?

   a. relaciones sexuales.
   b. gérmenes.
   c. tensión de lso órganos sexuales.
   d. la sífilis.

3. Masturbación (hacerse la paja)

   a. no causa ningún daño al cuerpo.
   b. causa debilidad en el cuerpo y pérdida de energía.
   c. es uno de los síntomas que indican que uno tiene problemas emocionales.
   d. llega a causar homosexualidad.

4. Las píldoras que controlan la natalidad (birth control pills) son efectivas porque...

   a. mantienen al óvulo separado del esperma mientras el óvulo baja por el tubo.
   b. evitan que el óvulo se forme.
   c. es una hormona que evita que el ovario deje salir al óvulo.
   d. ninguna de las respuestas anteriores.

5. ¿Cómo se adquiere la sífilis?

   a. por contacto sexual con una persona infectada.
   b. por contacto sexual con una persona ya curada de la sífilis.
   c. al usar la ropa de una persona infectada con el gérmen de la sífilis.
   d. todas las respuestas anteriores.

Page 2 Preguntas acerca de lo que concierne a la juventud

6. Si Ud. cree que tiene alguna infección venérea, ¿qué debe hacer?

   a. Esperar hasta que algunos de los síntomas aparezcan.
   b. Ir al doctor o clínica de salud a pedir el examen de enfermedades venéreas.
   c. Evitar la vergüenza y pedirle al doctor que le haga solamente un examen físico.
   d. Pedirle al farmacéutico una medicina que le cure la sangre.

7. La época en que la mujer tiene más probabilidades de salir embarazada es...

   a. a mediados del período menstrual.
   b. una semana antes y una semana después del período menstrual.
   c. durante el período menstrual.

8. ¿Cómo puede una mujer encinta que ha tenido la sífilis y no ha sido curada, transmitir la sífilis al niño que tiene en su vientre?

   a. El bebé la hereda.
   b. Los gérmenes pasan a través de la placenta (que es donde el bebé está unido dentro de la madre) al bebé.
   c. Los ojos del bebé se infectan con sífilis al pasar a través del canal.

9. De las siguientes posibilidades, ¿cómo puede una mujer con gonorrea enterarse de que tiene la enfermedad?

   a. Puede saberlo por sus malestares y otros síntomas.
   b. El hombre con quien ella ha tenido relaciones sexuales notará sus síntomas y se lo dirá a ella, o sabrá que ella tiene la enfermedad.
   c. No importa, de cualquier manera, esta enfermedad desaparecerá.
   d. No hay síntomas ciertos que indican a las mujeres que tienen gonorrea.

10. Si el público está informado acerca de las enfermedades venéreas y coopera con el departamento de salud, las enfermedades venéreas...

    a. pueden ser reducidas y controladas.
    b. pueden ser reducidas pero no controladas.
    c. permanecerán como epidemia.

11. ¿Cuál es el resultado más común en el ser humano que tiene gonorrea sin curarla?

    a. La esterilidad (no pueden ser padres).
    b. Pérdida del cabello.
    c. Aumento del acne (espinillas).
    d. Nada; la enfermedad desaprecerá.

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12. Un condón o preservativo, cuando se usa adecuadamente, protege contra la gonorrea...

a. solamente al hombre que lo usa.
b. solamente el 50% del tiempo.
c. tanto al hombre como a la mujer.

13. Cuando la sífilis empieza la persona puede notar... c

a. nada diferente.
b. fiebre baja, inflamación de la glándulas y dolor de la garganta.
c. una lesión o chancro (llaga).
d. cualquiera de las 3 respuestas anteriores.

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